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- Established 1872

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General Scientific

EXPERIENCES OF A RED CROSS SURGEON.

MAJOR WILLIAM FRANCIS CAMPBELL, LATE WITH THE AMERICAN RED CROSS IN FRANCE. Brooklyn, N. Y.

The outstanding impression which this war gives to the observer is its gigantic proportions. The number of combatants and the "Service of Supplies," with all that the latter and its intricate ramifications implies, is so vast that it is quite impossible to visualize it as a whole. The individual can come in contact with this vast machine only at a limited number of points. It is these isolated points of contact, therefore, which must serve to indicate the general functioning of the entire mechanism

As the Solar system is predicated from the observation of single stars, so must we form our conception of this great world war from the total of individual experiences.

To feed and equip the biggest army in all history at a home base is a task of tremendous proportions, but complicate this still further by moving the base three thousand miles back of the line, and put an ocean in between and the problem becomes herculean. This task has been accomplished by American genius and imagination in a way that leaves no room for criticism. The American soldier is well fed and splendidly equipped because of the business foresight applied to the problems of war, as demonstrated by the miles of docks and storehouses and railroads built and equipped and functionating from the base port to the front line trenchenough food and clothing in reserve to care for a million men for thirty days. This fundamental problem satisfactorily solved is the basic factor in conserving the health and happiness of the American soldier. But you can give an American soldier a uniform and a gun and three meals a day and he will still languish and starve because he is accustomed to functionate not only under the stimulus of ample nutrition but in an abundance of human sympathy. He cannot live by bread alone; his health depends upon his morale. Of all the wars of history none can show such a wealth of human sympathy and helpfulness poured out with lavish hand.

It is this pervading spirit of nobility that gives a meaning to what would otherwise be a senseless slaughter.

The Y. M. C. A., the Knights of Columbus, and the Salvation Army canteens have been not merely centers of bodily refreshment but centers of spiritual refreshment where the soldiers' morale is recharged. These agencies it must be remembered possess deep psychological significance in the fact that they are the visible sign of the spiritual fact that back of the soldier is the great American heart that never forgets its sons. Thus the Commissary and Quartermaster are reinforced by these humanizing elements which play an important part in the soldiers' physical and mental health.

part in the soldiers' physical and mental health.

In observing the American soldier from the time he set sail upon the great adventure to the base camp, up to the front line trench and back to the hospital, we were impressed with the fact that he is as healthy, happy, clean and gamey a youngster as was ever put in uniform. In studying the reactions of war as observed in the soldiers of our allies we venture to predicate that there is a national nervous system giving characteristic reactions. Race is something organic, something more than language and location; something psyiologically and psychologically structural. Thus the Englishman reacts to war as a person playing a game-there is all the zest of the sportsman. He is in to win; his individual effort is subservient to the success of the team. There is no brag, no bluster, but just a dogged determination to win; and all this under an exterior most casual in its calmness and imperturability. You can't excite an Englishman; you can't surprise him -his nervous system is apparently in perfect equi-

The Frenchman on the other hand reacts to war like a martyr. He has all the seriousness, all the exaltation, all the depression, all the emotional phenomena of one undergoing martyrdom. He goes to battle because his faith in a holy cause sustains him; because there is something at stake that he is willing to die for—but there is no zest, no buoyancy, no exhilaration.

The Yankee goes to war, as he goes to business; he's got a job to do, he don't like the job, but he's going to do it thoroughly and efficiently and get through with it—and he goes at it with a smile. The one characteristic of the American soldier is his smile—whether well or wounded, in battle or in billets, he never loses this psychological paradox which in the last analysis may be the secret of his efficiency.

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All of this racial phenomena has a direct bearing upon the vital resistance, the fatigue element, and the physical endurance of the different troops in health and disease.

If food and equipment are first they are not final the care of the sick and wounded complicated to a large extent by battle conditions in a country already warworn presented a problem of baffling proportions.

By the splendid co-operation of the French people and the prevision of the American Red Cross an equipment of ample proportions has been placed at the disposal of the army, which is a model of efficiency and a tribute to the magnanimity of the American people.

Never, in any previous war have the wounded received such prompt and efficient service, organized on so vast a scale and permeated by so deep a sense of human consideration. This has been accomplished:

First-By the co-operation of the French people. The problem of providing sufficient hospital beds was one of tremendous proportions, yet the supply is ample. The French people have given up their schools and seminaries and colleges as temporary quarters for the sick and wounded. These buildings are easily transformed into excellent hospitals, with ample facilities for treating both medical and surgical patients. For example, in a little town of ten thousand inhabitants where in peace times there might have been a hospital of fifty beds, there was provided under the auspices of the Red Cross some six thousand beds. The town was strategically situated in reference to the fighting line, its railroad collected the wounded from a wide area of front lines. It became an important center of war surgery. Here were not only general but special surgical hospitals where the most distinguished operators held their

Second—The militarization of the medical profession of France provided an equitable distribution of the best surgeons where there was the most need. The foremost teachers and technicians were no longer concentrated in the large cities, they were assigned to base hospitals conveniently situated in reference to the lines of communication, so that in small towns there was frequently found one or more master-surgeons.

Third-The mobile hospital unit has solved many perplexing problems. The primary major operative work is done in the evacuation hospitals. These are established in permanent buildings at a safe distance from the firing line. But the line changes, often with great rapidity-and the permanent evacuation hospital today may have no rational relation to the line of communications to-morrow; hence, a very vital problem presented itself, viz.: how to correlate the evacuation hospital with the ever changing front line. This is admirably solved by the use of the Mobile Hospital Unit or Autochir—practically a hospital under canvass moved about on auto-trucks. These auto trucks are readily converted into portable sterilizing rooms, x-ray rooms, kitchens and laundries, and a hospital of a hundred beds can be condensed into surprisingly small bulk, but none the less complete in every detail. This then is the hospital that changes with the line and is the most notable contribution to the surgery of active warfare.

Fourth—The American Red Cross is the one influence that broods over our soldier boys like a great mothering spirit. We do not belittle the activities of the Y. M. C. A., the Knights of Columbus and the Salvation Army; but these latter functionate along recreational lines—they provide recreation for the soldier in health—they keep the boy clean and strong—

they uplift and sustain a fine morale. But in sickness and distress, wherever there is a real need, there you find the American Red Cross furnishing a prompt and complete service. It is such influences radiating from the great heart of the American people that gives a real spiritual meaning to what would otherwise seem a senseless slaughter. It is quite impossible to adequately visualize or measure the magnitude and scope of this mammoth charity conceived and organized by American genius on a collosal scale. Its outstanding features are first; the promptness of its service—that is freedom from red tape. To make known the need is the only requisition asked-truly it may be said of the American Red Cross simply "ask and ye shall receive." Second: Its exhaustless store of supplies, one is impressed with the fact that it is never "just out." By some magic its supply always seems adequate to the demand—"when you can't get an article anywhere else you'll find it at the Red Cross" is already a tradition. Third: The extent of its contact with army needs and the variety of its activities. It is not merely hospital equipment and the needs of the sick and wounded that it supplies; there is a great welfare department which touches every phase of the soldier's life—the mortgage interest overdue; the lapsed insurance premium; sickness and distress in the soldier's home; the stranded soldier separated from his unit and without money; the Red Cross meets all these exigencies with promptness and without embarrassment to the beneficiary. When the part that the American Red Cross has played in this war has been chronicled in history it will stand as an enduring tribute to the generosity of a great nation and register the high water mark of our civilization.

What contribution has the war made to surgery? The surgeon has learned more about traumatic surgery during the past four years than in all the preceding forty, and the gist of this knowledge is the outstanding fact that the mechanical sterilization of a wound is superior to all forms of chemical sterilization. Hence, the invariable rule to do a debridement of the devitalized and infected tissues along the wound tract. However extensive the wound, complete excision of all damaged tissue immediately converts a potentially infected field into a wound that usually eventuates in primary healing. Thus long periods of suppuration, fatal complications, especially gas gangrene, and extensive cicatrices are prevented. Those who practice this procedure for the first time are amazed to find the large percentage of wounds that can be secondarily closed without suppuration. And as a corollary to mechanical sterilization it may be added that the surgeon has learned to depend more upon the anti-bacteriocidal action of the tissues themselves than upon the specific action of any antiseptic fluid. The inherent reparative forces in the tissues themselves are the faithful allies of the surgeon if only due respect is accorded them by cleanliness and delicate manipulation.

The use of ether in the dressing of wounds. The practice of washing out the wound with ether and dressing it with ether-soaked gauze is extensively employed. The rationale of this procedure has not been scientifically demonstrated; we are informed, however, that it has an antiseptic and hemostatic action, and a specific action upon the bacillus of gas gangrene. We are prone to believe that its value probably resides in its action as a lymphagogue. By stimulating the flow of lymph there is inaugurated a mechanical flushing and cleansing of the wounded tissue. Practically, the wounds were transformed into clean wounds in a re-

wounds thus treated healed promptly. Suppurating markably short time.

The Treatment of Fractures. One of the real contributions which the war has made to surgical practice is the simplification and standardization of the methods of treating fractures. Goldthwaite of Boston and Jones of Liverpool have been persistent advocates of a simplified technique and standardized apparatus. Throughout the Medical Department of the United States Army there is now a standardized method for the treatment of fractures which combines efficiency and correct mechanical principles with the use of splints of simple design and low cost of construction. This is a distinct advance over the old method of using a multiplicity of divers splints, and will be adapted in civil practice as a long step toward the practical realization of an ideal procedure in an important field.

Another guiding principle which has been accentuated in our treatment of fractures is the habit of thinking in terms of ultimate function. We can no longer be satisfied to treat wounds and forget function, for a healed wound is quite incomplete unless it predicates a working man. Thus in the handling of the fracture cases at the base hospitals the aim has been more than the attainment of perfect anatomical alignment—there must in addition be physiological restoration.

The brilliant results which we saw in thoracic surgery confirmed us in the belief that aseptic surgery of the thoracic viscera gives as satisfactory results as aseptic surgery of the abdomen. It was a routine procedure to open the thoracic cavity, deliver the lung and extract the foreign body; after which the lung was replaced and the thorax closed. These cases made remarkable recoveries.

We saw a large service of empyemas at the base hospitals—we were inclined to feel that Dakin irrigation immediately following drainage gave the best results. The streptococcus empyemas were subjected first to repeated aspiration and subsequently drained and the results were better than when immediately drained. An observation of practical import is the tendency to aspirate and drain too low—as a result, we noted many instances of puncture of the liver and spleen.

A branch of surgery in which the French surgeons especially excel is facio-maxillary surgery. They seem to possess a peculiar genius for reconstructing the disfigured face. It is impossible to convey an adequate idea of the frightful disfigurements resulting from the wounds of war, and the pitiable predicament of these sufferers; yet by a seeming wizardry of skill marvelous reconstructive operations are performed which transform these hideous deformities into a pleasing sem-This highly technical blance of the human face. branch of surgery demands an operator of artistic skill, a laboratory equipment with skilled mechanicians for furnishing dentures, intricate and original mechanical appliances, and artists for modelling and drawing the patterns which the surgeon is endeavoring to attain. America needs to develop this neglected specialty. It will be demanded in the extensive reconstruction work which will soon be at our door. America awaits a master of facio-maxillary surgery.

There is much in war surgery that must be forgotten in civil practice. The urgency of the work, the hurried and inadequate technique under battle conditions are all unnecessary in the refinements of civil practice; but out of it all will finally come a simplified technique and standardized procedures, and a firmer faith in the basic principles of physiological rest and the reparative forces in the tissues themselves. Many fads, many isms, many antiseptics have been placed on trial; they have had their day; they have flourished for a time; they have only served to enhance the value of sound surgery and fundamental principles. Out of the gist of war this abides.

394 Clinton Avenue.

THE INFLUENZA EPIDEMIC.

Note on Its Bacteriology and Epidemiology.

HORACE GREELEY, M. D., Brooklyn, N. Y.

In spite of those who prefer to invent mysterious, invisible agents to which to ascribe infectious diseases—the so-called filter-passers and ultra-microscopic organisms—it has been established beyond a doubt, by many bacteriological examinations, that the present epidemic of influenza is due to the bacillus of Pfeiffer (or a similar organism), which was found to have been the cause of the last previous world epidemic of 1889-92.

Physicians who have had time to keep up with the literature on the subject no doubt wonder why there has been so much variation in the descriptions of the organisms found in cases of influenza, both abroad and here, and why, in the early part of the epidemic, at least, cocci, both gram-negative and gram-positive, were reported as the only constantly present bacteria. The explanation is not difficult to any one who has essayed the cultivation of the organism, since its extreme pleomorphism-an ugly word to some bacteriologists—under slightly varied conditions, presents forms which easily meet the descriptions mentioned. Some idea of how the bacillus causing the epidemic has been missed may be gained from the observation of a bacteriologist, who made extensive smear examinations when the epidemic struck New York last month, to the effect that only in about 12 per cent of the cases could a form answering the description of the bacillus of Pfeiffer be seen in the sputum, while such was easily found in over 90 per cent of the naso-pharyngeal smears from the same cases. My belief is that the organism is commonly missed in the smears from the sputum because its morphology, in this secretion, is frequently far from typical; while the contrary is the case in naso-pharyngeal material.

It should be realized that bacteriology is at present as much in its infancy as the practice of medicine was in the time of Hippocrates (one might object to the comparison since scientific medicine depends to such a great extent upon our knowledge of infectious processes), that investigators often find that many of the supposedly well established and reliable principles are not infallible, and that iron-clad qualities assigned to an organism often fail to prove stable. This being the case it is easily understood that many of the descriptions given of the form and qualities of particular bacteria fail to define absolutely and differentiate the organisms, so that in attempting to identify any organism, thought to be the same as one previously established as the cause of a particular malady, difficulties are frequently encountered. It is for this reason that I have written above that "the bacillus of Pfeiffer (or a similar organism)" was the cause of the epidemic, since some of the cultural limitations, etc., described in the text-books do not hold. This only indicates that the discoverer, and others responsible for the orthodox descriptions of the influenza bacillus, did not learn

everything about the organism.

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One important conclusion from the above is that in using a prophylactic vaccine, as has been extensively done, recently, in this city, it had best be made from cultures from cases of the epidemic it is designed to check, and not from organisms long under cultivation in the laboratory whose identity with those on the warpath might be questioned. Of course, there is at least one other reason for preferring such a vaccine, and that is that the organism of long laboratory cultivation, from its weakened or lacking ability to produce disease, might also be lacking in ability to produce immunizing reactions, when injected prophylactically.

Knowing that influenza bacilli have been constantly with us, one wonders why it is that the disease should suddenly become epidemic. There are only two possible reasons: one that the population became less resistant, and the other, that the organism became more active (virulent). There being no apparent reason for the first (in New York City) we turn to the second for the explanation, which may be made as follows: It is known that a given bacterium often becomes totally incapable of pathogenic action after extended cultivation as a saphrophyte, but that, when taken directly from an animal sick of the disease it is most active in reproducing it in others. Conditions in animals, including man, resulting from either chilling, exhaustion, or insufficient feeding, are known to render them susceptible to infections to which they would otherwise be immune. This has been demonstrated in the laboratory by the chilling of pigeons, the exhaustion or the starvation of rats, etc., followed by the production of infectious processes from which the animals, normally,

The conditions described have been quite prevalent in European countries during the past two or three years, and armies in the field can hardly escape one or more of the injurious influences mentioned. The fact that men newly arrived in training camps are more susceptible to the prevailing epidemics, including influenza, has been almost universally explained upon the same basis, namely, that they were more easily chilled and exhausted by the conditions than those in training for some time.

Thus the influenza bacillus, after increasing in virulence by successfully producing disease in persons so predisposed to infection, became capable of attacking many persons under ordinary conditions of life, and the present epidemic was the consequence. 140 Clinton Street.

INFLUENZA IN CHILDREN.

Louis Fischer, M. D., New York.

The recent epidemic has afforded a vast opportunity for clinical study. The poor resistance of children to acute infections has again been demonstrated in this epidemic. While thousands of children have been infected, the mortality has been exceedingly low. While actual percentages are not obtainable the mortality in children is believed to be between 2 and 3 per cent. while that of adults is estimated at about 5 per cent.

Three distinct types have been seen which formed the bulk of the cases. They are: first, gastric; second, respiratory; third, toxic.

Gastric Type.—A sudden onset, characterized by vomiting and loose bowels, similar to an acute milk infection or a colitis as met with in mid-summer, was frequently seen. Fever ranging between 101° and 104° with catarrhal stools containing mucus-at times tinged

with blood, with tenesmus and rapid emaciation, oecurred frequently. Milk was not retained. seemed to be an intolerance to fat, therefore, milk skimmed of all cream, or boiled and strained buttermilk

Case I .- The following case is of interest because it was an unusually severe type of gastro-enteric infection

was an unusually severe type of gastro-enteric infection lasting about nine days, and ending in recovery.

Leonard F., 10 months old, had been thriving, digesting normally, and seemed to be in good health. On Oct. 7th he began sneezing, vomiting, had loose bowels, and cried as though in pain. His temperature was 101°, pulse 124, and respiration 30. Diluted milk was ordered, and a dose of castor oil was given, but the temperature continued to rise to 103°, pulse 140, respiration 38. This was on the second day of illness. On the third day the temperature rose to 105°, pulse 150, and respiration 60. A slight cough developed. Vomiting persisted after each feeding. No medication was retained. There was distinct evidence of consolidation. Barley water was ordered. Cold packs, later cold tubbings were ordered to reduce the temperature. The infant seemed in intense pain, moaning or crying almost continuously, especially on being handled. He shrieked with pain when an arm or leg was moved. The head and neck were slightly rigid. The reflexes were exaggerated. On the fifth day the temperature which had remained at 105°, gradually came down by lysis, dropping one degree each day. The vomiting and loose bowels continued more than a week. The only milk retained was *dry milk, of which two tablespoonfuls to six ounces of hot water were given. fuls to six ounces of hot water were given.

The interesting feature of this case was the sudden onset of vomiting and looseness of bowels which lasted eight days in all, and ceased suddenly.

More frequently seen, however, was the respiratory type in which rhinitis, tonsilitis and croupous laryngitis existed. Many cases had an asthmatic form of bronchitis in which wheezing was audible. Thickening of the vocal cords and infiltration was responsible for the laryngeal stenosis. In a few cases intubation seemed

Case II. Another interesting case was seen in consultation with Dr. Lowenkopf. The child, eighteen months old, showed marked dyspnoea, wheezing, and disturbed respiratory rhythm. An asthmatic bronchitis was made out and while intubation was thought of it was decided not to introduce a tube owing to the weakness of the heart and the profound toxicity. Marked improvement followed the giving of calomel and compound jalap powder until liquid evacuations were produced. Dry cupping of the chest seemed to relieve the wheezing. The diet was restricted to skimmed milk. The condition cleared up within five days. within five days.

The following symptoms were met with in other forms of the respiratory type: Cough of a very hacking and annoying character, constant irritation due to the tenacious mucus, temperature ranged between 102° and 105°, pulse between 120 and 160 with very low tension, both intermittent and irregular, respirations between 40 and 60. In some cases there was no dis-turbance of the pulse-respiration ratio. From the onset the cases assumed a toxic character and showed myocardial weakness. Small areas of consolidation were the rule, these areas spread from lobe to lobe and from one side of the chest to the other. Vomiting was an extremely distressing symptom. It was present both in the gastric type as well as in the respiratory type of the disease.

Case III. An unusually severe form of the infection was seen by me in consultation with Dr. S. Clurman. An infant, 15 months old, whose mother had just recovered from influenza, was ill five days when seen by me. There was a history of severe convulsions during the day. The temperature reached 105°, pulse 152 and respiration 72. There was marked cyanosis. Catarrhal colitis with mucus stools had existed for two days. There was moaning, restlessness and crying on being handled. The rhinopharynx was inflamed and there was a consolidation of the right central lobe, also a lobular area on the left side. The pupils did not respond to light and accommodation. The patellar reflex was absent on both sides. There was a marked *Honer Brand.

^{*} Honor Brand.

Babinski (hyperextension of the big toe). On rotating the head, sternocleidomastoid rigidity was felt. The fontanel was depressed. The diagnosis of toxic pneumonia with meningismus

was made, Prognosis doubtful.

was made. Prognosis doubtful.

Case IV. Influensul Pneumonia. A girl, 16 years old, was infected by another member of the family. The first symptoms noted were a slight temperature of 101°, and respiration 28. The subjective symptoms were slight malaise and slight headache, but no constitutional disturbance. The diagnosis of mild influenza was made. Eliminative treatment with a restricted diet was ordered. The following day a slight improvement was noted. I did not see the girl on the third day. On the fourth day I was called again and found the temperature rising, more systemic disturbance, prostration, evidence of toxicity, slight headache, muscular pains, respiration 36, pulse 128. Rhonchi were found scattered on both sides of the chest, but no evidence of consolidation. The temperature rose to 105°, and it was impossible to lower it with antipyretics and spongno evidence of consolidation. The temperature rose to 105°, and it was impossible to lower it with antipyretics and sponging. A central pneumonia was diagnosed. The inflammation spread from lobe to lobe. When seen in consultation with Dr. Walter B. James the diagnosis of influenzal pneumonia with marked toxicity was confirmed. Prognosis bad. On the following day there was an extension of the pneumonia, toxicity still more marked, pulse full, bounding, and with high tension, and very irregular. There was marked cyanosis of the lips, face and finger nails. The expectoration was of the usual rusty character and the specimen submitted to Dr. Frederic Sondern was reported upon as follows: "The specimen consists chiefly of frothy blood-tinged serum and mucus with relatively little

was reported upon as follows: "The specimen consists chiefly of frothy blood-tinged serum and mucus with relatively little pus. Staining shows numerous pyogenic cocci including some in chains, believed to be streptococci; also a moderate number of small Gram-negative bacilli, morphologically similar to influenza organisms. Tubercle bacilli are not present."

The blood count showed a marked diminution of the white cells and a low polynuclear percentage. The blood did not show the clinical picture of a leucocytosis in pneumonia. In most cases the blood showed a marked leucopenia similar to that observed in typhoid fever. The polymorphonuclear neutrophiles were always very low. (In one of my cases here reported it was 56 per cent. during the acute lobar pneumonia. In the ordinary type of lobar pneumonia usually met with the percentage is frequently 80 to 90.) The blood count in the case reported showed: Small lymphocytes, 24.0 per cent.; large mononuclear cells, 2.0 per cent.; polymorphonuclear neutrophiles, 56.0 per cent.; eosinophiles, none; mast cells, none; hemoglobin, 86 per cent.

globin, 86 per cent.

Both diagnosis and prognosis was agreed to by Drs. Arthur Hollis and George Brown, who were called in consultation. Exitus lethalis on the sixth day.

Meningeal Type.—The most fatal form of influenza was the one characterized as the meningeal type. This does not necessarily imply that all suffered with meningitis, but the toxin diffused through the central nervous system, and especially through the ganglionic cells, gave rise to symptoms of meningismus and meningitoid symptoms which were very difficult to differentiate. Examination of the spinal fluid obtained by lumbar puncture settled the diagnosis as the following case

will show:

Case V. M. G., eleven years old, was seen in consultation with Dr. J. Tannenbaum. She had had a mild form of influenza, lasting four days, with symptoms of cough and disordered stomach. Three days before my seeing the child she suddenly collapsed and was in a stupor, with temperature of 104°. She was pulseless when seen by Dr. A. L. Goldwater. There was no distinct evidence of meningitis. She recovered with restoratives, and on the following day had a marked delirium. Two days later she was in a distinct coma lasting several hours. When seen by me she was apparently bright in the morning, and in a distinct supor at the time of examination. There was marked rigidity of the muscles, the pupils responded sluggishly, the patellar and plantar reflexes were absent, there was marked hyperesthesia of the skin, and a tache cerebrale was present. The symptoms so resembled those of a tuberculous meningitis that a tuberculine test was made, also a lumbar puncture. The von Pirquet test was made, also a lumbar puncture. The von Pirquet test was made, also a lumbar puncture. The von Pirquet test was megative. About 15 c.c. spinal fluid was aspirated. The fluid was examined by Dr. Frederic Sondern who reported a normal fluid—no tubercle or other microorganism present. The diagnosis of toxic influenza was made. The child made a complete recovery. The collapse previously reported was attributed to a toxic myocarditis. There was no nephritis present.

Case VI. Baby L., 22 months old, seen in consultation with Dr. David P. Waldman was ill two days had a croupse cough.

Case VI. Baby L., 22 months old, seen in consultation with Dr. David P. Waldman, was ill two days, had a croupy cough,

temperature 104°, pulse 120, and respiration 22. There were rhonchi scattered on both sides of the chest—there was no distinct consolidation. The child was in a stupor, and was very toxic. She had a distinct acetone odor, and the uring very toxic. She had a distinct acetone odor, and the urine showed marked evidence of acetone. To relieve the acidosis bicarbonate of soda was given by mouth. Carbohydrates were ordered to relieve the carbohydate starvation. When seen by me the croupy cough had subsided, but she seemed still more toxic. The temperature was 105°, pulse 140, respiration 18. Digipuratum and camphor, strychnine and adrenaline were ordered, likewise glucose and bicarbonate of soda instillations. Toxic myocarditis was evident. The child died of profound toxaemia. toxaemia

An interesting feature of these cases is the large number having acidosis. The urine in most cases showed acetone and diacetic acid. The acetone odor of the breath was easily discerned. Of these cases of acetonemia all appeared to be in a semi-stupor after two days of illness. Acidosis cases were always looked upon with grave concern. When vomiting and gastric irritability existed intravenous injections of bicarbonate of soda were made. Most of my cases fared well by the instillation of several ounces of hot water containing a dram of bicarbonate of soda and one-half dram of glucose. Colon instillations of this soda-glucose solution were repeated every three or four hours. So many cases were met with of this gastro-enteric type in which acidosis was a prominent factor that I wonder whether or not the infection was food-borne.

In many of these cases both the acidosis and respiratory types were combined, as the case seen with Dr. Waldman illustrates. The examination of the blood in these cases was interesting. The blood findings simulate those of typhoid fever more than any other blood picture met with. The typical influenza picture showed a slight diminution in erythrocytes and a marked leucopenia. The leucocytes being as low as 4,000 in many cases. The polynuclear neutrophiles which in a case of lobar pneumonia ranges as high as 90 per cent were frequently as low as 50 per cent. The low leucocyte count indicated a poor resistance and consequently a grave

prognosis.

155 West 85th Street.

HYSTERIA AND ITS CONGENERS AS A SOCIAL PROBLEM.

ARTHUR C. JACOBSON, M. D., Brooklyn.

Freud has taught us how to analyze emotions as the chemist analyzes material substances. Hysteria, hitherto a kind of an enigma, is to-day well understood. Strange to say, the latest teachings are reminiscent of the earliest theories of the Greeks, revolving around the sexual

sphere.

The clear understanding which we now have of hysteria and of associated disturbances of the nervous system may be rated as one of the greatest advances of modern medicine. While quite a war has been waged among physicians and psychologists as to the entire validity of Freud's conceptions, it would appear that the principles laid down by him have been, in the main, sustained. Many still believe that he goes too far in ascribing emotional phenomena of a morbid sort to sexual causes. It is true that one at first gets the impression that he is a bit fanatical on this point, but he fortifies it with such a wealth of data and such clear reasoning that most students capitulate and become avowed apostles. The obstinacy of those who stick grimly to their guns of dissent is explained by the Freudians as a phase of repression, which gives the controversy a humorous turn.

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When, as children, we reach the age of shame, our early sexual notions are strongly repressed. We try to exclude them from consciousness, in response to the influences of artificial moral standards, education, disgust, etc. The social conventions force us to sublimate our juvenile sexual psychology. This repression accounts largely for the resistance on the part of many good people to even informal education of children, by parents and accredited persons, in sex hygiene. And so the Freudians again cleverly accuse their opponents of being the victims themselves of the old repression tendency.

Freud teaches that the sexual psychology of children is extraordinarily active, much more so than most of us would be willing, at first thought, to credit. Freud, however, with his never failing acuteness, reminds us that many are unable to recall that we, as young children, were busy sexual investigators and theory formers, because of the intervention of a period of latency, the repression period during which our theories were excluded from conscious memory. Because of the long period during which sexual curiosity is suppressed a permanent ignorance of, or lack of interest in, all matters of sex may ensue. Ordinarily, however, there is an awakening of the dormant sexual curiosity between the eighth and eleventh years, and a second period of investigation begins.

Now what is the exact bearing of all these facts upon hysteria and related phenomena? The bearing is this, that no matter how "expedient" it may be, for the conventional purposes of society, to repress the early trends of thought, nervous reactions occur in certain individuals representing more or less distorted sexual fantasies derived from the subconscious mind, in which are carried the juvenile concepts. Mind you, the patient sees no erotic signification in her disordered state. Such ideas are farthest removed from the consciousness of the young woman of conventional society, with her inculcated instinct for moral living and thinking, supplemented by careful training and education. But the fact remains that she is largely a product of artificial devices. Behind all is the real woman, who is the woman that Freud sees. We see only a curious projection or caricature of this real woman, a highly artificialized proxy, as it were. This artificial woman stands between us and the biologic and psychologic complex upon which Freud trains the x-ray that detects and analyzes the real woman's emotions. That detects and analyzes the real woman's emotions. is a very great contribution to modern science.

It is easy to understand why the more or less explosive phenomena grouped as hysteria and representing the equivalent of repressed emotional life should be more commonly observed in women than in men. Women, by reason of cultural refinements, tendency to conform to conventional requirements with respect to thought and conduct, susceptibility to religious austerities, developed idealistic traits, social segregation as regards the coarser sides of life, educational influences and so on, repress, more than men, sexual fantasies, Nevertheless, these fantasies clamor for fulfilment, and behold—the hysterical young girl and the restless woman. What is this much talked of restlessness but a phase of hysteria? It has connotations akin to the dance mania.

We shall see less of hysteria when women will live upon an equality with men in every respect. In so far as they liberate themselves from the forces that tend to confer upon them artificiality and to compel unhealthful repression, in so far will hysteria and a whole host of nervous disabilities disappear. This alteration in the social status of women is the fundamental necessity. Then will man really behold her to whom his agelong prayer, has been addressed: "O my dove, that art in the clefts of the rock, in the secret places of the stairs, let me see thy countenance, let me hear thy voice." With characteristic perversity, man has suppressed this glorious creature and insisted upon embracing a caricature who has determined his sexual selection and wrought untold unhappiness upon him. In Germany, of course, he flies for refuge from this Frankenstein to war and homosexuality—who can blame him, asks an acute psychologist, who has seen and known his women?

If it were possible to do away altogether with our latent energies and potentialities, to suppress them to the point of obliteration, there would be no nervous penalties to pay. But this side of our nature cannot be crushed, and it can be suppressed only for a time, unless the individual happens to be abnormal. Probably there are people who are emotionally defective and who suffer no ill results because of repressions for the simple reason that there is little to repress. We can depend largely upon the higher psychic activities of normal people to keep matters in reasonable control, and these would be helped greatly if all the truths of life were known. It is just as true of sexual matters as of any others that "the truth will make you free." The non-withholding of such truths from the very young (we did not say the formal teaching of sex hygiene), during the early period of investigation and theorizing, would make for sexual sanity and nervous equanimity.

The woman who conforms closely to artificial standards, who is intellectually "sterilized," whose ignorance we trust to preserve her so-called purity, is really the most sorry and sentimentalized figure on the modern horizon. She is a deliberately manufactured defective, and many people are still actually proud of the deplorable spectacle.

The Freudians have discovered that if the confidence of the hysterical patient can be gained to the point of calling up out of the subconscious mind the whole latent emotional texture, analyzing it, and explaining relationships to the intelligent sufferer, that a cure of the hysteria is likely to follow. And what is this process but a showing up of false data, the faulty concepts of early childhood, in other words an Sublimation that is based exposition of the truth. upon intelligent understanding of our emotional processes is rational; repression which is based upon faulty conceptions and foolish fantasies has dynamite in it. It is the failure of rational sublimation or normally expressed sexuality that results in nervous explosions the physical and emotional equivalent of latent wishes which are partially fulfilled in this roundabout way. Then the early trends re-express themselves

Our emotional life reveals a hidden battle between dynamic forces of vast power. One of these forces is "the censored wish that is seeking to realize consciously." The other is "the force that strives to keep all knowledge of these wishes out of consciousness."

In the light of the truths which we have set forth there is no mystery about the hysterical girl or woman. Woman lives essentially for love, and cannot be completely thwarted. The moods, emotional outbreaks, suicidal ideas and impulses, sentimentalism, mysticism, capriciousness, irritability, excitableness, discontent, crankiness and even convulsions that we associate with hysteria become clear in the Freudian spectroscope. Well may the hysterical patient, in the presence of

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Freud, echo the words of that woman who, after an interview with the Saviour, said in wonderment: "I have talked with a man who told me all things that ever I did."

We are dealing with matters which are of the greatest importance to the individual and to society. They strike deep down to the most fundamental of those things upon which human happiness and efficiency chiefly depend. How shall we proceed practically to prevent hysteria? What shall we do with the hysterical girl? How shall we make her the happy, bright, amiable, love-radiating personality that she ought to be and has a right to be—a glorious woman with no emotional aches and pains? How shall we deliver society from the woman who now plaintively and with justice complains of being misunderstood? How shall we get out of her mind the absurd fantasies which are now at the bottom of her derelictions when she falls from grace? It is apropos here to point out that false education predisposes to sexual lapses, investing illicit acts with a fascination and pleasure that are almost entirely the result of uncorrected childish theorizing.

We must think of the problem of hysteria as a sociological as well as an individual one. We must keep in mind the necessity for sane sexual concepts and practice. Without this we pay too high a price for our moral standards, which do not now rest upon rational grounds. We must not lose sight of the tremendous economic loss that results from our false system of controlling the emotional life, a loss expressible in terms of neurasthenia, insanity, hysteria, prostitution and child wreckage. Our young children must know the truth, nor need there be any fear that the heavens will fall. It is strange that they have not fallen in the face of the colossal deceit that we have practiced. The only immorality in these matters is in misleading or withholding, thus permitting the development of erroneous concepts with respect to natural matters of sex. As to the entrance of women upon a larger life than they have hitherto enjoyed, that cannot be sufficiently emphasized as a curative measure with respect to even more serious nervous disabilities than hysteria. And by the "larger life" we do not mean the futile activities now so painfully in evidence.

Upon the basis of an education in the truth of things, one's repressions may be safely sublimated into labor, art, ethics, literature, athletics or religion until such time as one's biological destiny is completed in accordance with the reasonable requirements of a civilized society. Early and compatible marriage is most desirable.

Psychanalysis is now an every-day, routine procedure on the part of intelligent practitioners availing themselves of so much of this resource as is practical, and it has been urged that a board of trained psychanalysts ought to be connected with every school, orphan asylum and reformatory. Dissection of faulty emotional life and re-education are practical measures within obvious limits, and even where direct treatment cannot be administered by the conscientious physician he can frequently aid in promoting indirect avenues for the wholesome absorption of individual and group libido, if the term may be permitted.

Everything which protects those predisposed to neuroses against grinding and pushing educational methods should be adopted, particularly at the age of puberty, the time when many emotional breakdowns occur and when the foundations are so often unwittingly laid for a lifetime of nervous troubles. This doesn't mean coddling, either.

Children should not be forced to work at things for which they are constitutionally, or temperamentally, unfitted. So far as possible they should fit their environment and their environment should fit them.

In managing rationally the neurotic we are often preventing the establishment of very grave conditions upon the hysterical basis, for the latter, in specially predisposed individuals, facilitates the development of psychoses of serious character.

Fatigue is an important factor in nervous breakdowns. Everything possible must be done to eliminate the usual toxic causes of fatigue, such as intestinal troubles. Cold bathing, followed by good reaction, maintains nervous tone and fosters general betterment of the bodily functions. The proper amount of rest must be secured. Drugs have practically no place in the management. In acute paroxysms, the hot bath is most effective in allaying excitement. Here, of course, we are considering a mere palliative, and we must not lose sight of the general picture in the narrow focus of the bedside. Nevertheless, we cannot forbear mentioning as calling for special consideration the treatment of associated constipation and menstrual disturbances and pain, the latter of which may be palliated by the hot sitz-bath from 110 to 115 F. for fifteen minutes at a time. Local lesions and foci of all kinds must, of course, be appropriately dealt with.

The abuse of tea and coffee plays a much larger part in unstabilizing our neuropaths than is generally credited.

In the functional neuropathies, one more mystery passes away; in the Freudian methods of analysis and treatment, rationally modified and adapted, the world receives further fruits of the genius that activates modern medicine.

The war has liberated much nervous energy, but in reconstruction we shall all find more wholesome outlets for the forces within us. Our social aims have been subjected to something akin to psychanalysis and a program of re-education has been formulated which will substitute for the mischievous curse that is militarism the actual realization of democratic ideals. This working program should leave but little room for the functional neuropathies.

115 Johnson Street.

NEUROSES OF THE HEART.

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Palpitation.—This symptom appears most frequently in neurasthenics, arising, perhaps, from their fear regarding their heart functions, in which case the psychical therapy is indicated. Excessive use of tea, coffee, alcohol or tobacco may produce it, when treatment consists in withdrawal of the cause. It is only when symptomatic treatment is absolutely necessary that it should be resorted to. If the medication and exercise adapted to neurasthenia prove unavailing, which rarely will be the case, the patient may be put to bed and the ice-bag applied to the region of the heart or the nape of the neck. Usually heart massage, electricity or cauterization of the spine is effective. The bromides may be used medicinally, sometimes stimulants like ammonia or camphor are required, when there is faintness as well as palpitation. Heart remedies are useless. The diet should be regulated to avoid flatulence and constipation, and the patient should be given some interesting thing to occupy his mind and take it away from his heart. The trouble is usually of psychic origin

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in a greater or less degree, and the remedy should be chosen with this fact in view.

Adams-Stokes Disease.—Usually the treatment is purely symptomatic. The epileptic and the apoplectic forms are to be treated as these attacks would be in ordinary conditions. If there is evidence of myocardial failure we should prescribe stimulants, nitroglycerine hypodermically, or digitalis, according to the conditions. In case of respiratory symptoms oxygen-inhalation is indicated.

Tachycardia.—In men this is usually a result of wear and tear and nerves, and the treatment should consist in removal of the cause by whatever means it may be accomplished and management of neurotic conditions in the usual way. In women the condition is one of the symptoms of the menopause, and ovarian tablets are usually of value. The above applies to the simple form of tachycardia, excluding the tachycardia arising from organic disease or from Graves' disease. Paroxysmal tachycardia is a more severe form, in which the pulse may rise to 200 and over, though there may be very little suffering. The treatment is that of the attack, and is attended with great uncertainty, the causes being very obscure. Sometimes an attack may be prevented in the simplest ways—by change of posture, a hot drink or a cold one, by bending over or lying on the ground, etc. The patient should be kept quiet while the attack endures, cold should be applied to the heart region or the spine, and, if the patient is nervous, bromides may be given, or even morphine hypodermically.

Arrhythmia.—This neurosis takes many forms besides that which is due to organic heart disease. The same relation is held between arrhythmia and neurasthenia that exists between the latter and palpitation, and the same remedies are used. In the treatment of arrhythmia due to lesions of the central nervous system, compression or concussion, or tumors, the symptom will disappear with the removal of the underlying trouble. In toxic arrhythmia the removal of the cause is the treatment, as stoppage of tobacco, coffee or tea, etc. Hydrotherapy is sometimes valuable, applied either generally.

erally or locally. Bradycardia.—In paroxysmal bradycardia, which attacks especially those engaged in brain work, the pulse may drop from the normal at 72 to 50 suddenly, accompanied by symptoms of languor, depression and of gastric troubles. Here are indicated restrictions in diet, in smoking, with if possible a vacation from affairs and free purgation. If the person is old, with slow pulse, increased bradycardia combined with cerebral symptoms may occur, and this should be managed by putting the bowels in perfect condition and changing the circulation in the vessels supplied by the splanchnic nerve.

The ordinary form of bradycardia, due to faulty innervation, is usually a result of exhaustion, in the infectious diseases, of weakness, overwork or excessive sexual indulgence. It is found in those heart affections in which nutrition of the heart muscle is deficient, such as chronic myocarditis, coronary sclerosis and also where there is increase in intracardiac pressure, as well as in underfed persons, the anemic and chlorotic subjects. Other causes are gastrointestinal diseases, toxic conditions, jaundice, nephritis, meningitis, concussions or pressure on the brain due to whatever cause. Excessive use of coffee or tobacco may lead to it. Therefore treatment must differ in individual cases, none being required in some cases while in others causal treatment is essential, the bradycardia of itself rarely producing bad effects.

THROAT FEVERS IN CHILDREN.

HAROLD HAYS, M. D., F. A. C. S.

ASSISTANT SURGEON IN OTOLOGY, NEW YORK EYE AND EAR IN-FIRMARY; CLINICAL INSTRUCTOR IN OTO-LARYNGOLOGY, COLLEGE OF PHYSICIANS AND SURGEONS.

NEW YORK,

The association of sore throat and fever in children is very significant. Children seldom complain of a sore feeling in the throat unless some inflammation is present. This may be a simple inflammation, harmless by itself, but as a general rule, it is an indication of some beginning trouble, either locally or elsewhere.

Tonsillitis is not unusual even in very young children. It often goes unrecognized because the average physician does not take pains to make a proper examination. However the pediatrist seldom sees a child with a sudden rise in temperature without suspecting either the throat or the ears. Every child who suddenly develops temperature, should have an examination of the throat made under proper illumination at the earliest opportunity.

A tonsillitis is ushered in with high fever, sometimes a chill. One or two crypts only may be infected or all the crypts of the tonsils may be involved. Sometimes a suspicious membrane is present—due to a coalescence of infected matter. In every case, no matter whether one is sure there is nothing serious the matter or not, a culture should immediately be taken for some of these cases are due to diphtheria bacteria.

It is not the tonsillitis, however, that is worrisome. It is the sequellae—rheumatism, chorea, endocarditis, pyelitis and nephritis—which should be guarded against. One attack of tonsillitis predisposes to another in childhood. Children may have three or four attacks a year—adults only one—there is only one cure—removal of the tonsils.

The exanthematous diseases also have their indications in the throat. Measles shows Koplik spots early in the disease—on the inner lining of the cheeks and sometimes on the anterior pillars of the fauces and soft palate. Scarlet fever shows an intense redness of all the mucosa of the mouth and throat, besides the strawberry tongue. Vincent's angina can only be told accurately by examination of a smear and the identification of the spirillm and bacillus.

Aside from these conditions one frequently sees an inflamed condition of the mucosa associated with fever—a condition which has no apparent cause. In such a category may be mentioned the epidemic of "milk fever," "glandular fever," or "epidemic sore throat." The chief symptoms are a low-grade fever, a mild inflammation of the mucosa and an enlargement of the maxillary glands. Such children should be kept in bed until the fever has entirely disappeared. The enlarged glands seldom disappear until the source of infection is overcome. This can only be accomplished in many instances by the removal of the tonsils which apparently harbor for years, numerous bacteria which frequently cause active symptoms.

There is no prophylaxis for these throat fevers. Active treatment is seldom necessary. Rest in bed, light diet and free catharsis will do more good than a ton of medicine.

11 West 81st Street.

There is one rule to lay down in the diagnosis of pulmonary tuberculosis in its earliest stage; believe a man with a suggestive history actively tuberculous until through the investigation of every symptom, and by the use of every diagnostic means, he has been proved not to have it.—P. K. Brown. N-

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AN EPIDEMIC OF BACILLARY DYSENTERY.

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New York.

During the summer of 1917 a widespread epidemic of bacillary dysentery again occurred in Poughkeepsie, N. Y. This disease has been recognized as being in existence in that city since 1914, when at one time every house on one of the streets near the waterfront contained a case of dysentery, according to one of the local physicians.

In the summer of 1916, 227 cases were reported with 49 deaths. During the present epidemic, which started in the early part of July and spread rapidly throughout the western part of the city, there were 315 cases and only 13 deaths reported up to October 1. Only 10 cases had been reported to the health officer up to the first of August. A careful epidemiological survey was then made, with the result that 46 more cases were found, most of which had had no medical attention and in which no precautionary measures against the spread of the disease had been taken. It is undoubtedly due to these missed cases that the epidemic assumed such large proportions. The first cases were reported to the health officer on July 12. The case incidence by weeks was as follows:

CASES	CASES
Previous to July 12 7	August 23 to 29 39
	August 30 to September 5 32
July 19 to 25 12	September 6 to 11 18
July 26 to August 1 28	September 12 to 18 12
	September 19 to 25 6
	September 26 to October 1. 3
August 16 to 22 50	
	Total 315

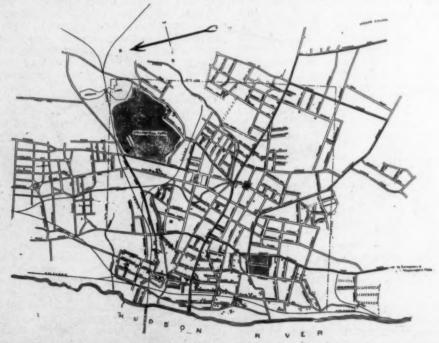
Of these 315 cases, bacillus dysenteriae was isolated on one or more occasions from the stools of 47 persons. Four types of B. dysenteriae were found: (1) atypical Shiga, (2) Mt. Desert, (3) Flexner, (4) Strong. The Mt. Desert type predominated.

The symptomology of these 47 cases was quite variable. Onset was sudden in 41; gradual, lasting from one to four days, in 6. The disease was ushered in with chill in 16 cases. Diarrhea was present at the onset in 44 cases; three patients were constipated until relieved by catharsis. Of these, one again became constipated and at no other time had diarrhea. Vomiting occurred in 26 cases; nausea in 29; fever in 33; 23 complained of headache; 34 had abdominal pain, and 1 had intense pain in the back. Blood was passed by 28, and mucus by 22. Three of these 47 bacteriologically positive cases died.

The above record shows that we must change our conception of the symptomology of bacillary dysentery. We have been taught that there is a condition of prostration accompanied by copious, bloody stools and associated with a high mortality. Some epidemics, of course, have assumed this picture, notably those which have occurred in some of the wars of the past century; but the medical profession must learn to recognize that bacillary dysentery may present itself as a mild disturbance of the gastrointestinal tract.

In this series of cases the diagnosis of bacillary dysentery was made in 315 out of a total of 494 cases of intestinal disturbance. The diagnosis was determined in one of three ways: (1) positive bacteriological findings, (2) clinical picture and (3) epidemiological evidence. It is probable that a large number of the remaining 179 cases of diarrhea were bacillary dysentery, but according to the above classification could not be included as such.

Analyzing the symptoms of the total number of cases, sudden onset was found in 203, gradual in 20, and history of onset lacking in 92. There was initial chill in 60, and convulsion in 1; 135 suffered with fever, 96 with headache, 114 had nausea and 112 vomited. Abdominal pain was present in 178 cases, pain in the back in 1. Four were constipated at the onset; 311 had diarrhea; 112 passed blood, and 73 passed mucus. The duration of illness varied from one day to seven weeks as shown in the following table:



Location of cases of Bacillary Dysentery, Summer, 1917.

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14. 4 days 1. 5 w 13. 5 days 1. 6 w 6. 6 days 1. 7 w 24. 7 days 177. unkn Age Incidence Under one year .22 30-40 years 1-5 years .99 40-50 years 5-10 years .21 50-60 years 10-20 years .24 Over 60 years				
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5-10 years	ears	99 40-	50 years	. 19
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20-30 years				

Duration of Illness

The conditions giving rise to the epidemic are numerous. (1) Bacillary dysentery has been endemic in this community for at least four years. We have records of 28 cases which occurred between November 1, 1916, and June 1, 1917. (2) Insanitary conditions of sewage disposal and other conditions which favored fly breeding. (3) Personal contact either in the street, at home, or at place of employment. (4) Mild cases which did not seek medical advice and hence received no instructions as to precautionary measures to be taken. This last factor was perhaps the greatest menace.

The disease occurred on 72 streets of the city, on 39 of which there were cases of bacillary dysentery in 1916. Analysis of the streets involved shows that 11.1% of the streets contained 36.8% of the cases. There were 199 houses invaded, of which 131 had single cases while 68 had more than one case as shown in the following

table:	Cases	Total Cases	Houses	Cases	Total Cases
38	2	76	1	5	5
18	3	54	1	6	6
9	4	36		_	_
			68		184
			34.4%		58.4%

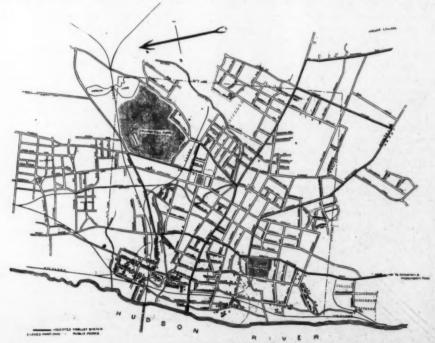
In nineteen instances there were cases of bacillary dysentery in the same house in 1916. Thirty-two of the patients gave a history of previous attacks of dysentery.

Maps were made showing the location of privies, unprotected garbage and uncovered manure piles respectively. When these maps were compared with one on which were spotted the cases of dysentery (see below), very definite conclusions could be drawn as to the relationship between the cases and the fly. This view was confirmed by the fact that the case incidence dropped very quickly when the hot weather moderated and the flies became less active. None of the privies found were sanitary; screens were conspicuous by their non-existence.

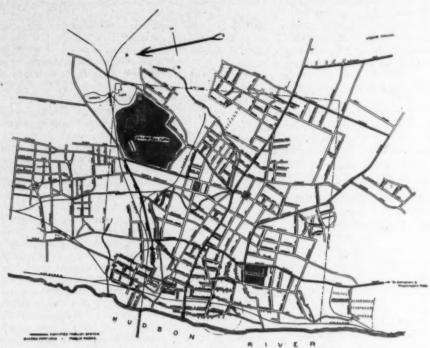
That personal contact was a large factor in the spread of the disease can be seen from the table showing that 34.4% of the houses contained 58.4% of the cases. In addition we found that many of the cases could be grouped according to place of occupation. Four cases were employed in factory "A"; 4 were employed in factory "B" and in addition the father of another case; 5 cases were employed in factory "C" and in addition the fathers of 3 others; 2 cases worked in factory "D," 5 in "E," 2 in "F," 5 in "G" and 2 in "H."

The food supply was investigated in all cases, but in no case could any number of patients be found who had bought food in any one particular establishment. A strange feature of this part of the investigation was that in one instance a case of chronic bacillary dysentery was found in a woman who owned a small grocery store, but no cases developed among those who had bought food in this store. In another instance two cases occurred simultaneously in a family living some distance from the epidemic center. Upon investigation it was found that the family had eaten bread purchased in a dirty bakery located only a short distance from several privies adjoining houses in which there were cases of bacillary dysentery. This bakery was infested with flies and all food stuffs were uncovered; therefore it was very probable that flies had contaminated the bread.

The milk used by the various cases of dysentery was found to have been supplied fairly equally by all of the fourteen dealers of the city.



2.-Privies-active, August, -1917.



Map showing section where garbage cans and garbage are exposed and flies attracted.

That the water supply was not responsible was quite evident from the fact that all of the early cases were in one section of the city. In addition, a study of the bacteriological reports of the daily water examinations absolutely excluded the water as a source of infection.

Control of the epidemic was a difficult problem. From the very beginning it was recognized that there were large numbers of missed cases, and prompt search for such cases was begun. The local health board passed a regulation calling for the prompt reporting of all cases of diarrhea. A house to house canvass was made in the western part of the city and in this way 168 cases of bacillary dysentery were discovered. Strict isolation and quarantine were deemed impracticable since it would then have been impossible to search out the mild cases. It was thought to be of greater value to find these cases and to instruct them in precautionary measures.

Three local nurses were used exclusively for intensive follow-up work. As soon as a case of diarrhea was discovered it was investigated to determine whether it was bacillary dysentery or simple diarrhea. Instructions as to screening, cleanliness, disinfection of discharges, etc., were given. If the case were bacillary dysentery the patient was visited daily by one of the nurses whose duty it was to see that the instructions given were properly executed. In nearly all cases observation was continued until at least two examinations of stools, at least twenty-four hours apart, were negative.

Hospitalization was carried out in so far as possible, but owing to the large number of cases and lack of hospital facilities this could only be accomplished with an insignificant number.

Preventive inoculations with a toxin-antitoxin mixture and with polyvalent dysentery vaccine were given to contacts, wherever their consent could be secured. As comprehensive a list of contacts as possible was obtained in all cases. The total number of contacts listed was 995; of these 834 received no immunizing treat-

ment and subsequently 109 or 11.9% developed dysentery. Of the remainder 161 received immunization and only 4 or 2.5% subsequently developed the disease (53 received toxin-antitoxin mixture, and 4 or 7.5% developed dysentery; 108 received polyvalent dysentery vaccine and none subsequently became infected).

Treatment of the actual cases varied. For the treatment of the more severe cases, a few of the local physicians used the polyvalent anti-dysentery serum made in the laboratory of the State Department of Health. The results were excellent. The dose recommended at first was 20 cc., but experience showed that this was inadequate as the best results were obtained by the use of at least 50 cc. or more. This was repeated every twenty-four hours if necessary (usually two or three such doses were sufficient). In one case the serum was used intravenously with almost miraculous result. Frequently following the use of the serum blood promptly disappeared from the stools and the frequency of bowel movements was reduced from 50 or 60 per day to 20 or less. In one instance there was a reduction in frequency from 60 to 4 movements per day within the twenty-four hours following the use of the serum.

The fatality rate, 4.1 per 100 cases, is low, especially when compared with the fatality rate in the epidemic of 1916, 21.6. This was due in part to the fact that the Shiga type of organism, which is the most toxic type, occurred less frequently, and also may be due in part to the more common use of antidysentery serum in large dosage.

The principal condition which prevented prompt control of the epidemic was the fact that from ten days to two weeks elapsed after the onset of the disease in an individual, before that case came to the attention of the health authorities.

Conclusions.

1. Bacillary dysentery presents itself as a variable symptom complex. All cases of intestinal disturbance associated with diarrhea should be treated as cases of

health of the community are concerned.

2. Reporting all cases of diarrhea to the health department, is a measure to be recommended.

3. Polyvalent dysentery vaccine should be used in all cases of contact with an established case of bacillary dysentery.

4. Polyvalent antidysentery serum should be used in large doses, at least 50 cc., in the treatment of severe cases of bacillary dysentery.

5. Sanitary conditions must prevail in order to prevent bacillary dysentery from assuming epidemic proportions once it is introduced into a community.

DEMOCRACY AS A PERSONAL TRUST. The Physician's Point of View.

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No voter in a government by majority rule is a trust-worthy citizen who fails to bring and keep his own powers up to standard and to keep them there. Mental powers come first, and unless this also includes moral rectitude, menaces are formed instead of assets. Also vision—the power to see ahead, or to idealize—is an essential part of personal equipment whereby this voter is able to forecast chances and form inferences, to make compacts with his best self. There are best selves, but far too many worst selves. The citizen is made or marred in the nursery, during the first three years of life. Hence on parental responsibility depends the future of the commonwealth. This principle is biologic and is paramount. Responsibility rests chiefly on the physician, who should always be encouraged to become adviser to the family, in and out of health, not a mere repairer of damage in nerves or structure.

Government of the people, by the people, for the people is obviously the ideal one. Wheresoever there is a preponderance of sane, wholesome minded and wise voters there will majority rule obtain automatically, as a matter of course. The best men will then be naturally chosen for such work as they are fitted local or national, and for any positions of trust. They will become experts in whatsoever line is in accord with individual aptitudes and training. Every man in such a commonwealth will be free to choose and perfect himself with confident assurance that his fitness will be recognized and rewarded in proportion to its genuine-

No such community exists. How nearly can we approach the attainment of such an Utopia?

All men, to be sure, are born free and equal-by no means in their mental or their physical equipment—only in opportunity to choose their course of life and to make good by their efforts.

Since in no group are there more wise men than foolish ones, the question comes up, how can we reduce human limitations by guiding and directing growth forces and brain differentiation? I would answer vastly more than can be believed just so soon as the public wearies of the perils, losses, and catastrophes caused by undeveloped minds. Not till the citizenry are willing to agree on certain essentials can democracy become and remain sane, sound or safe for the citizens, or for democratic ideals. The first obligation of the State is to furnish means for obtaining these constructive instrumentalities and to compel their use, hence to

bacillary dysentery in so far as measures to protect the raise the co-efficient of mental and physical integrity to a reasonable level.

All forms of government come and go in cycles, Aristotle pointed this out in his "Politics." Haekel also, in his monumental work. Seen in perspective, man has developed at vast disadvantage through a series of martyrdoms, vain struggles to be happy, wise, and good, and only rarely succeeded by perpetual vigilance and sacrifice.

Forms of government also rotate, change, pass from the simple democracy to complex oligarchies. Among the outstanding reasons are:

The real thinking of the world is done by about onefifth of mankind or less. Of this one-fifth, about one-half (one-tenth) do good, sane, ethical, constructive thinking; they are beneficent personalities, altruistic mentalities. The other half (one-tenth) are powerful personalities, but deficient in moral sense, possess only feeble, suppressed consciences; they are evil thinkers, trouble makers, big criminals, deterred by no ethical considerations. These are they from whom the majority must protect themselves by thorough pre-action, legal enactments, statutory punishments; this conscienceless group chiefly use their powers to evade these protective laws; they are usually of forceful mind and dominant They succeed through insatiable appetites to get and hold what they crave under all circumstances and at all costs.

Their tastes, trends, and desires are for political authority; they seize power and exercise it solely for their personal advantage, compelling weaker men to do

The beneficent tenth consists chiefly of idealists, altruists, optimists, artists, philosophers, pure scientists, and other kinds of amiable enthusiasts or men of one They do not become vigilant in looking after personal interests; they often become statesmen, but contribute more to altruism than to practical advance.

The majority of rulers in any form of government, those who hold the power in any age, arise from the brilliant human dynamos of little conscientiousness, with only rare exceptions. Of hereditary monarchs perhaps

3 per cent. are up to standard.

The governing groups, the political rings in all forms of government, are composed chiefly of men hungry for place and power which, when they win, they use largely in disregard of the rights of others. Political work, detail administration, is assumed by the equally hungry but more plastic groups in the lower four-fifths. These act as wax in the hands of the bosses, or as obedient tools.

How, in brief, do democracies arise?

When conditions become too abhorrent under any government, the beneficent thinkers, idealists, patriots, are impelled to arouse the undecided, the timid sufferers to revolt, to compel changes in form or in quality of administration. Usually a democracy or republic is then organized. Just so long as adequate stimulus obtains to struggle and to fight, men will continue to stand together, shoulder to shoulder, to do or to die for their inherent or assumed rights and ideals. When success comes these in turn lapse back into apathy, unless the proportion of wise and good men is sufficient to act as balance wheels to keep the organization a well poised, going concern. How long it will go rightly and beneficently depends on the quality of the mental make-up of the majority. Also on whether the supply of honest leaders continues.

Democracy plainly is a mere defense reaction against tyranny. All have proven to be experimental for the biologic reason that most men are only happy and contented while living in a peaceful routine. The elements of stability are proverbially lacking. Disintegration of overnments occur for the reason that the component arts, the voters, fail to look after their own interests, intrusting them to whomsoever makes politics a business. Also too often petty personal ambitions subvert or nullify the acts of good citizens, patriots.

Worst of all, the majority tends to grow indifferent, assuming that the government will get along well enough somehow. The voters too often won't even take the trouble to vote.

The earlier forms of democracy in cultivated countries were evolved on ideal lines, but all too soon the populace lost interest and got busy with science, art, literature, or metaphysical discursions, and grew vulnerable to invaders. Thus cycles arose of impaired vigilance, of courage, of energy, and the watch-words of liberty, equality and fraternity faded into mere echoes of sterner, more robust times.

The essential meaning of democracy is a subordination of the individual will to the community will. On the contrary, liberty is freedom to do as one, the individual, plans; an obvious danger to the commonwealth unless restricted by due precautions adopted by the wiser ones, acting together as a body, to direct and control. So at every turn it becomes clearer that no democracy can be wholly stable or "triumphant" unless ruled by the collective good sense of the individuals; also that the only safe course is by eternal vigilance, revisions of laws and the exercise of compulsion in their administration for the greatest good to the greatest number. This ideal is sadly marred in a commonwealth dominated by self-seekers; laws become dead letters unless the majority of voters act in accord with high standards. Thus we realize that "no man liveth unto himself alone;" that "there is no such thing as the noninvasive individual"-that with every act and word and thought, each of us necessarily invades the domain of his fellow men." . . . The wonder is that under an economic system which places a premium on self-seeking, our legislation is so generally beneficent as it is." (John C. Trautwine, Jr.)

Few notable exceptions have occurred in cyles of patriotic fervor and laxity. Like evolution and dissolution have been displayed in every democracy, and there follow like abuses. The same rise of the power-seeker, the smooth talker, the spellbinder; the same moulding of plastic, biddable, hungry men; the same wavering personalities and distractable characters, or those too busy to keep critical watch and guard over evil tendenties in themselves or others.

Where do we, in these United States, stand in this category? We are in the cooling-off stage of reaction from the sturdy doings of our Colonial revolt against mother England. It really was no great exploit to expand and develop as we have done in an incomparable country, all to ourselves, with no opposition, no menacing, truculent neighbors. Now we are in a world war up to our neck; on us the burden seems to rest to turn the tide now and for ages to come.

Our first obligation is to make sure that each and every one of us is in our best condition mentally, morally and physically in order to do our utmost. The first step is to consider critically and open mindedly our mental fitness, to make sure that our fundamentals of capability are up to normal or an acceptable average capacity.

Let us begin with the young; these are our potential citizens on whom the future integrity of nations depends. In the nursery the most stupendous, outrageous, imbecile squanderings of man power occurs. The remedy is education, you say? By all means, but obviously small power resides in our present methods, since infant mortality remains so little changed. This vast wastage at the source is the index of incapacity in the parent.

The crucial time, period and place where the citizen is made or marred is in the nursery—in the first three years of life. This biologic fact is made plain by Charles Sedgwick Minot in "Age, Growth and Death," pages 236-246.

He there gives a vivid, convincing picture proving that the highest degree of educability, of initiative occurs in the second and third years. Parents must learn enough to fulfill their obligations; they must act as the chief teachers, the chief savers and moulders of man power.

Next our common school method should supply what they do not, viz: training in the elements of behavior, of personal conduct, above all of responsibility. Thus is character made and personality developed.

Also there should be supplied by the educational organization the equivalent of the work done in our army and navy for the first time in history, viz: appraisement of where a man stands in the intellectual and industrial scheme. Men are selected and appointed for what their work shall be. The commission on mental hygiene (or neuropsychiatry) in the army is carrying out a plan to put each man on his level of capacity, to place him at work for which his make-up fits him. Many sad blunders are thus avoided and havoc for numberless others prevented.

Now what remedies are possible or applicable to these rather obvious conditions for depreciation of individual integrity? Whatever they shall prove to be, they lie in the domain of joint effort of the biologist, especially the practical biologist among the proponents of scientific medicine, along with the representatives of the

In the economic fields the state should so order the industries that all children shall be able to live under the best attainable hygienic (euthenic) conditions. Heaven knows the lawmakers and executives of the government by, of and for the people owe their constituency that much. Infants and children should have adequate sustenance for full growth and favorable evolvement during the plastic years. The state should foster in every way those agencies which, while they promote the development of sound, healthful bodies, also insure augmentation of minds of which they are the basis. All this forms the foundation for ideal education. This much is the minimum to be demanded of any efficient form of government. Mental expansion is by far at its greatest in the first three years, as has been emphasized.

The above, however, at its best will not prevent in future the propagation of almost the same percentage of defectives. To remove the continuance of the same devolutionary influences requires control of behavior of the defective classes, and best by putting an end to their breeding. Restrictions on reproduction can be confined at first to the propagation of the grosser types or degrees of defectives and degenerates; the lesser degrees may remain without this compulsion for future study and consideration. Control should be exerted only upon defectives of hereditary origin. The mere hypoplastics should be permitted to work out their destiny under rational guidance and restriction.

I would not wish to be accused of being unsympa-

thetic with "the great heart of the common people." Among them are many, perhaps a majority of sane, sensible, valuable individuals placed and held by compelling circumstances in positions of disadvantage. So be it. What are these positions of disadvantage due to? Are they removable? Are the inhibitions temporary, partial and remediable? I haste to aver my belief that most of them are, and that by the joint action of citizens who are aware of, and deplore these limitations. in co-operation with those whom they elect to legislate for them, these shackles can be loosened or removed.

There must, however, be cordial, earnest, intelligent collective effort and persistently applied. I hope I know, realize and appreciate the spirit of true democracy which is animating and vivifying the world. By the same token I know, appreciate and realize the stern facts, inhibitions, obstacles which throttle this spirit and would urge their removal. Who shall do this removing, this renovating, this revolutionizing, this stemming of the tide of devolutionizing? Plainly the people themselves. "How shall they know unless they be 'taught.'" The teachers are the experts in biology and constructive medical science.

War Medicine and Surgery

Treatment of the Wounded in the Aid Posts and Field Ambulances

This lecture was given to the medical officers of an American division, by Col. Maynard Smith, Consulting Surgeon, British Expeditionary Force.

Importance of First Aid Work-

It is perhaps natural that articles in the medical journals should have dealt almost entirely with the comparatively finshould have dealt almost entirely with the comparatively in-ished surgery of the clearing stations and base hospitals. The surgery of first aid is not a subject in which the profession generally has interested itself. Abdominal and chest surgery, for instance, lend themselves more to literature than the efforts of the regimental or field ambulance officer. At one time there was a real danger that insufficient effort might be given to developing and encouraging the surgical work of the fighting line. But the keenness and devotion of many officers with divisions has saved the situation, and the improvement effected or the medical history of the war as that which has taken place in the clearing stations and base hospitals abroad and in England. The improvement in forward work is strikingly reflected in the condition in which the wounded reach the clearing stations. My attention was drawn at a unit at home to the fact that whereas at one time the arrival of a double leg amputation was a rarity, now there were a large number of such cases awaiting artificial limbs. Improvement in the treatment of shock, and surgical treatment generally, has, of course, much to do with this, but I am inclined to attribute a large share of the credit to the work of the regimental and field ambulance officer. In many a case the question whether a wounded man can have a chance of survival has been settled by the treatment adopted before the ambulance convoy deposits him at the clearing station. In all that follows I am telling you methods which have for the most part been devised by officers who have spent their service in forward units, and what I shall say is largely what I have learnt in visiting those units.

General Principles.

In surgical work at forward units it is necessary to have clearly in mind what surgical aims one has in view; what it is possible to do in dealing with a wound; what is impossible, and therefore waste of time to attempt. In laying down the general principles which govern the treatment of wounded at the aid posts and field ambulances, it is essential to consider briefly the whole question of the treatment of the wounded

In the conditions of warfare existing on the western front the great majority of the wounds met with are severely lacerated, the soft tissues are extensively crushed and devitalized. Such wounds are heavily infected, not only with the ordinary pathogenic organisms but also with the anaërobes of gas

gangrene and gas cellulitis. Fragments of shell or bomb and pieces of clothing, or masses of mud, carried in by the missile, are frequently present in the wound. Varying in proportion with the character of the fighting, clean through-and-through bullet wounds are met with. Even bullets, especially when striking bones at short range or when splitting into myriads of fragments through hitting accoutrements or ricochetting from hard objects, produce wounds which possess all the characteristics of those caused by large fragments of shell.

characteristics of those caused by large fragments of shell.

The results in the early days of the war of treating wounds of this nature by simple aseptic or antiseptic dressings, on the lines adopted in South Africa, caused a rude awakening. In the first place tetanus was rife; the routine administration of antitetanic serum had an immediate effect in controlling the incidence of this disease. In the second place, anaëobic infections of the nature of gas cellulitis and gas gangrene—conditions almost unknown to us in civil practice—were nearly universal complications of bad wounds. The measures first adopted, of free opening and drainage, and the avoidance of constriction and undue pressure, had but little effect in the prevention of gaseous infections. Attempts at disinfection in the forward area by pastes and strong chemical antiseptics were notoriously unsuccessful. Almost all severe wounds became infected and foul. Deaths were frequent, and prolonged and painful convalescence the rule. and painful convalescence the rule.

Excision of Damaged Tissue.

Not much progress was made until it became recognized that all but trivial superficial wounds or clean through-and-through bullet wounds need an early and complete cleansing operation bullet wounds need an early and complete cleansing operation—an operation which involves the free exposure of all the recesses of the wound; the removal of all missiles, clothing, dirt, and débris; the methodical excision of damaged muscle and fascia and the paring of damaged skin edges. This operation must be performed with suroundings permitting of care and thoroughness, with proper aseptic ritual, by surgeons experienced in the technique, and in places where patients, if necessary, may be retained for a short period. It was found that when this operation had been efficiently performed wounds ran a course free from complications; that secondary suture was possible in many at an early date; and finally that, under certain circumstances. many wounds could be sewn up right away. tain circumstances, many wounds could be sewn up right away, and would heal much as the clean operation wound of civil practice. It is now everywhere recognized that this operation is the factor in deciding between severe infection, prolonged illness, and eventual crippling on the one hand, and an aseptic course, rapid convalescence, and a minimum of disablement on the other. This operation may conveniently be termed the excision of the wound. When is it to be performed? Certainly as soon after the infliction of the wound as possible. The as soon after the infliction of the wound as possible. The longer the delay the greater the chance of established infection. Where? You have not the necessary appliances, theatres, personnel, and accommodation in the forward units. Special hospitals are provided for the purpose, as near the line as possible. We call them Casualty Clearing Stations. Your work, Your work, then, will consist in getting your wounded back as soon as possible, and as fit as possible for the further treatment nec-

Summary of General Principles.

Having these facts in mind, one may now summarize the general principles which govern forward unit work as follows:

1. Get the wounded back to the clearing station as soon as you can.

2. Dress the wound once carefully; afterwards do not dis-turb the dressings unles they have slipped or unless there is bleeding

3. Take measures to avoid shock; if it has already supervened, take measures to treat it.

Efficiently splint all fractures.

4. 5.

Arrest hemorrhage.

Take any special measures needed in special cases.

Rapid Evacuation.

This calls for qualities of organization, endurance, devotion, and courage. It is not a surgical problem. Yet perhaps I may be allowed to say these words: Success in regimental and field ambulance work depends at least as much on what is done to ambulance work depends at least as much on what is done to meet the rush beforehand as on the actual conduct of affairs at the time. Forethought and organization are all-important. Every man in a unit should know what is expected of him, and should be trained to carry out his particular job. A wounded man passes through one of the larger units in much the way that a piece of metal passes from department to department of a factory till it emerges the finished article. Records have to be taken, antitetanic serum given, food or drink administered, the wound dressed, splints applied, the patient warmed and packed up for transport. Often this has to be

done under circumstances of almost intolerable difficulty. The difficulties can only be surmounted by organization of the ma-chine beforehand, so that each man does his job and confusion is avoided. "Team work" is essential. To see a Thomas's splint applied to a fractured femur by a well-drilled team is a revelation to the inexperienced.

Dressing the Wound.

Dressings must be ready beforehand. Gauze should be cut up into 6-inch squares and sterilized. The best way, I think, of doing this is to boil the gauze in a marmite. The excess water is drained away, and, when cool, the gauze is covered with eusol. When needed for use the eusol is drained off, and the gauze is ready for use. Roller bandages are laid out ready to hand. The triangular bandage is of great value, and all your catching thould be trained in its application.

to hand. The triangular bandage is of great value, and all your orderlies should be trained in its application.

The field or shell dressing will have been applied usually by unskilled hands. It is liable to be dirty and tight. You should therefore remove it and do one careful dressing. It is not possible for you to have clean hands. Rubber gloves are out of the question, but if you will practise sufficiently you will find that forceps can do the whole work without your hands having to touch either the wound or the dressings which are to be in immediate contact with it. Pairs of sterilized forceps standing in glasses of antiseptic should be at each dressing "dump." The wound itself is temporarily covered with gauze; the skin The wound itself is temporarily covered with gauze; the skin around is then washed and painted with picric acid (3 per cent.) in spirit. (Iodine is liable to blister, and when combined with cyanide gauze causes serious burns.) The wound is then ancovered, obvious dirt or foreign bodies are removed, is then uncovered, obvious dirt or foreign bodies are removed, and the surface of the wound swabbed over with eusol. No attempt should be made to clean out the depths of the wound or to syringe or irrigate. Attempts to delay or avoid infection by the injection into wounds of fluids or pastes are futile. You are more likely to spread infection to previously uncontaminated areas. You will waste valuable time. You will disturb clots and restart bleeding. You only need to see a few wounds opened up at the clearing station to realize how impossible of realization is the first-aid disinfection of lacerated shell wounds. The wound is finally covered with gauze and wool and handaged. wool and bandaged. Shock.

I can do no more than touch on the practical aspect of this wide subject as far as it affects your forward work. It is convenient to speak of primary and secondary shock.

Primary shock ensues practically immediately on the receipt of a severe wound. It is not possible for you to avoid its occurrence. If adequate means be taken to combat it, the patient may recover from it and secondary shock may not follow. In the worst cases, or where no treatment has been available, it passes into a condition of secondary shock, with or without a period of rallying and partial recovery.

Secondary shock comes on later. It may be a sequel to primary shock or come on de novo. It is produced by various factors, which will be spoken of, and to a considerable extent may be avoided if adequate treatment is possible.

may be avoided if adequate treatment is possible.

The factors which cause primary shock to pass into secondary shock, and those which cause secondary shock, are largely identical. They are—cold and exposure, lack of food and drink, hemorrhage, pain and disturbance. The onset of sepsis aggravates and perpetuates the condition. A condition of acidosis is often present, and further research on this point is being carried out. Cold and exposure are, of course, in part mevitable, but much can be done to avoid them. The warm stretcher is well known in our service, and is used even in stretcher is well known in our service, and is used even in many aid posts. Improvised hot-water bottles are widely emmany aid posts. Improvised hot-water bottles are widely employed, and our ambulance cars are warmed by the exhaust pipe. When circumstances allow, and it is possible to do it in reasonable warmth and shelter, the wet clothes may be changed. During one severe action every one of the badly wounded in a certain division were sent down in dry warm clothing with hot-water bottles applied, without delaying evacuation. Hot drinks should be given. Hot tea is the favorite. With a view to combating acidosis, a teaspoonful of bicarbonate of soda is sometimes added. Of all factors concerned in shock perhaps hemorrhage is the most potent. Every effort must be made to hemorrhage is the most potent. Every effort must be made to reduce it to a minimum. Remember that every change of dressreduce it to a minimum. Remember that every change of dressing starts oozing afresh. In the avoidance of pain, the importance of efficient splinting cannot be overrated. Not only fractures, but also extensive lacerated flesh wounds of the extremities should be splinted. Morphin is of great value. It should not, however, be given indiscriminately, and the dose needs careful regulation. A good deal of difference of opinion has existed on this point, but the view of those best qualified to judge is becoming unanimous, that a dose of ¼ grain should seldom be exceeded. The question of the more active treatment of shock in the forward area, by intravenous injections ment of shock, in the forward area, by intravenous injections

has been studied for a long time. Injection of normal saline is generally held to be too transitory in its effect to be of much value in helping a badly shocked man over his journey back. We are now investigating the effect of a solution of gum and sodium bicarbonate in the forward units. As might have been expected, it is in cases where there has been much hemorrhage that the effects have been most favorable. Since the technique is rapid and easy it may be that intravenous injections will become a recognized feature of field ambulance work. Transfusion of blood, the most effective form of treatment we have at present, I am not discussing, as its employment in front of a clearing station is hardly ever a practicable matter. Attempts have recently, however, been made to employ preserved blood for the purpose. Fractures.

Allusion has already been made to the shock produced in fractures of the larger bones. Transport with fractures imperfectly splinted is a great feature in increasing and producing shock. The condition of a man with a fractured femur at the end of a journey without a splint is pitiable. One of the most striking things in war surgery is the improvement in the conditions of fractured femure arriving at the clearing the conditions of fractured femurs arriving at the clearing stations since the adoption of the Thomas splint in front line work. Every fracture should be immobilized as far forward as possible. This is very often possible at the aid post. Failing this, it should be done at the advanced dressing station. The fewer and simpler the varieties of splints used the better. For all fractures of the femur, serious fractures involving the knee-joint, and fractures of the upper part of the tibia, the Thomas splint should be used, with an extension applied over the boot, which should not be removed. In those rare cases where the ring of the Thomas would press on the wound, a long outside splint must be substituted.

For fractures of the middle and lower third of the leg, and for those of the ankle and tarsus, a back splint with footpiece is efficient, provided always that side splints are used with it. Otherwise the heel slips out, and the splint becomes useless.

Fractures of the humerus are not easy to splint effectually. If the lower end of the bone is broken, an internal angular

If the lower end of the bone is broken, an internal angular splint, or the variety of this with a posterior splint fixed on like a shutter, is efficient and simple. If the fracture is in the middle or upper third no internal angular splint can come high enough into the axilla to get any useful grip on the top frag-ment. After much trial and discussion with front line officers I have come to the conclusion that the best method is to use the thorax as a splint for the arm. A wool pad is placed in the axilla, the whole upper arm is then bandaged to the chest, a piece of Gooch's splinting being applied to the outer side of the arm, reaching from the acromion to the outer condyle. The wrist is supported by a sling. Of course you will understand that I am dealing only with transport as far as the

For fractures of the radius and ulna the internal angular splint is used, with a straight splint for the back of the forearm. For those close to the wrist straight splints to the front and back of the forearm suffice. In all these fractures the sling should reach as far as the fingers, so as to support the hand.

Hemorrhage. Hemorrhage-

The Tourniquet.-In speaking of hemorrhage one is at once up against the much-discussed question of the tourniquet. Properly used, the tourniquet at times saves a life. Improperly used, it is a frequent cause of loss of life and limb. Its use is seldom justifiable, and then only as a temporary measure for the arrest of serious bleeding until the wounded man can be got to a plear where the cause of heavenings by the rest to the contract of the contract for the arrest of serious bleeding until the wounded man can be got to a place where the arrest of hemorrhage by the rec-ognized surgical methods can be carried out. You should re-member that some form of emergency tourniquet may have been applied by a comrade or stretcher-bearer. In the rush of heavy fighting it is easy to miss such a turniquet hidden by the man's clothing or the corner of a blanket. Being warned of the possibility, one should not do so. In patients getting back as far as the clearing station with tourniquets applied, death of the limb from interruption of the circulation is almost invariable. Even if this does not occur, the cutting off of the blood supply from an area of smashed muscle provides all the

ideal conditions for the development of gas gangrene, Other measures than the tourniquet should then fore adopted, and if for some reason a tourniquet has been applied it is the duty of every medical officer through whose hands the case passes to remove it. In most cases there will be no bleeding. If, however, bleeding recommences, then the fol-lowing methods should be employed:

 In many cases the obvious source is exposed in the wound and may be seized with pressure forceps and ligatured. This is the ideal.

2. In other cases blood may be seen welling from a deep

recess of the wound. Pressure forceps are applied in that area and the bleeding ceases. To apply a ligature over the forceps may need a free opening up and present difficulties. In this case it is best to leave the forceps on and pack round with gauze. The patient is sent on with the forceps in situ.

with gauze. The patient is sent on with the forceps in situ.

3. If neither of these methods is applicable pressure must be obtained by packing the wound. But it is essential that the pack really presses on the bleeding point. It is no use packing gauze through a small aperture into a big lacerated cavity. The pack must be cone-shaped, with its apex at the source of hemorrhage. If the wound aperture be small it must be enlarged by slitting up the skin and fascia. No anesthetic should be used. The pain caused is not great, particularly if the incision be made in a distal direction where the nerve supply has been interrupted by the injury. Gauze is then packed firmly into the wound and a pad placed over it. Firm pressure is made with a bandage, but a wide wooden splint should always be applied to the opposite side of the limb before the bandage is applied, in order to avoid constriction of the extremity.

Special Cases.

Penetrating Abdominal Wounds.—These should be sent by the shortest route to the clearing station. The mortality varies directly with the number of hours which intervenes between the receipt of the wound and operation. It is important to realize that not only wounds with their entrances in the abdominal wall, but also wounds of the back, buttock, hip, groin, and lower chest, are potential "perforating abdomens." Shock, out of proportion to the external appearance of the wound, pain in the abdomen, rigidity—especially in regions remote from the wound—and vomiting, point to the likelihood of an abdominal lesion. Any case in which suspicion exists should be sent on at once.

Penetrating Chest Wounds.—An injection of morphin should be given. This lessens the respiratory distress. The patient should be placed in the position of greatest comfort, which is usually the semi-recumbent posture. While it may be an advantage to keep a bad case for a time to allow him to tide over his initial shock, the general rule is to send cases back as soon as they are fit to travel. In dressing the wound, it is important to avoid the interference with the free play of the uninjured side of the chest caused by an encircling bandage. Use strapping when possible. There is one class of chest wound that needs special attention. The wound in the parietes may remain open so that air is sucked in and out with respiration, or the blood collected in the pleural cavity may be leaking away through the external aperture. "Sucking pneumothorax" and "leaking hemothorax" are convenient terms for these conditions. In the first the respiratory embarrassment is extreme, and the patient's condition desperate from the start. In the latter, so long as there is a free external leak, internal bleeding is likely to continue. In both infection is certain if the condition continues. In both infection is certain if the condition continues. In both types of case the wound should be closed before the patient is sent on. Stout sutures inserted with large curved needles are used. A good grip should be obtained of skin and muscle. If the gap be large, a piece of gauze should be laid in the wound and the stitches tied over this. When for any reason suture of the wound is impracticable, the wound should be plugged with gauze, and strapping applied over it in the manner employed in strapping a broken rib. It should be practicable thus to render the wound air-tight. The improvement in a patient's condition brought about by suturing a sucking pneumothorax is immediate and dramatic.

Penetrating Wounds of the Knee joint.—Great care must be taken to splint all cases in which joint injury is suspected. It is easy to diagnose a wound of the knee-joint when the synovial cavity is distended with blood or effusion. It is very easy to miss such a case at an early stage, when there is nothing to see but a small entry wound in the lower part of the thigh. The matter is, however, of great moment. A knee-joint into which a missile has carried infection, is much less likely to run an aseptic course after operation if distension of the synovial cavity has opened up all its recesses to the scattering of infected material. Failure to splint favors bleeding, effusion, and distension. The unrecognized knee case sent down "walking" does badly. It is a safe rule to splint all penetrating wounds near the knee.—(Brit. Med. Jour., Aug. 10, 1918.)

Contribution to the Cranial and Cerebrocranial Surgery of War.

S. D'Este gives the results of his experience with 87 cases treated by him in the period from July, 1915, to November, 1916. Clin. chir., Milano, 1917, xxv, 225. From the clinical

standpoint the author insists that all cranial wounds call for careful examination, especially those apparently slight cases in which symptomatology is either significant or almost absent. There is obviously no discussion in regard to serious cases. Clinically, on account of surroundings, expediency, and other exigencies, the surgeon cannot and should not await the appearance of positive symptoms which may be tardy or may not appear at all. Meantime there may be a silent aggravation of existing injuries or septic processes may have time to become fully developed.

Consequently the first action called for as a routine measure is the surgical exploration of the injuried cranial zone, as experience has demonstrated that in such cases a direct examination of the exposed cranium is better than any other method, even radiologic examination, to gather the necessary diagnostic data for the surgeon to decide upon the operative procedure required. Further, in addition to its diagnostic value, this exploration creates the best conditions for subsequent treatment of the wounds of the soft epicranial parts.

In view of the double advantage referred to, the author gives reasons for preferring the semi-circular incision in the scalp. With regard to intervention, the author criticizes as pernicious and erroneous the tendency of some surgeons who have translated the need for immediate treatment of cranial lesions into a universal indication for craniotomy. When trepanation is unquestionably indicated, the operation should be adequate. By this is meant that while the cranial breach should be the smallest that is necessary, the operation must be such as to afford the surgeon a clear and complete view of the endocranial lesions.

The chief aim in cranial operations should be: the most scrupulous cleansing of the interior traumatized area from the cuticle to the brain; evacuation of hematomata and establishment of hemostasis; removal of bone splinters which have sunk in, whether embedded in the meninges or not; treatment of abscesses, etc. With regard to projectiles, the author is of the opinion that their extraction should be a routine measure except in special cases, as for instance, where a projectile is inaccessible owing to its deep situation or to a special position from which its removal might endanger the patient's life.

which its removal might endanger the patient's life.

In order to reduce the complications of trepanation to a minimum, the author advises that splinters, especially if large, which have sunk in but are still adherent to the theca should be left; but that those which have sunk in but are detached should be used as plastic material, being immediately fixed in position and secured with wire, silk, or catgut sutures to the

The author has himself always followed this procedure with excellent results. In the 87 cases, surgical exploration of the cranium was negative in 14 cases. In 72 cases cranial resection was done. There were 6 deaths, 2 being due to late complications. The other 4 deaths were due to the nature and extent of the lesions, which operation could not remedy.—(Int. Abst. Surg., Oct., 1918).

Therapeutic Uses of Sugar.

An Italian physician, Prof. Lo Monaco, has recently stated that remarkable results have been obtained in tuberculosis by the intramuscular injection of solutions of cane sugar. He injects, with proper precautions to ensure antisepsis of the skin, 5 grams of saccharose dissolved in 5 c.cm. of sterilized distilled water. This quantity is given daily in one or two intramuscular injections. It is said that after three or four days the temperature falls, night sweats cease, the cough is very much lessened, and the amount of expectoration greatly diminished. It is stated by Le Journal that the method is to be tried at the French sanatorium for tuberculous soldiers at Bligny. The results of this trial will be awaited with interest, for the effects claimed are rather astonishing. We have not been able to find any previous record of the administration of sugar by intramuscular injection, but sugary solutions have been used by hypodermic and intravenous injection chiefly to produce diuresis, and in place of saline injections in various toxic conditions. Their use has been condemned in Bright's disease and in arterial hypertension. Occasionally febrile reaction has been observed, and this has been attributed to the existence of latent tuberculosis in such cases. According to a recent note by Dr. G. Lyon, an artificial serum containing sugar was first used by Hédon, Arrous, and Jeanbrau at Montpellier; but most of the recent work has been done by Fleig, who has prepared a number of formulae, and has suggested the addition of sugar to the ordinary saline injections. Most of the formulae direct the use of glucose, though lactose as well as saccharose has also been added. The use of a solution containing both glucose (3 per cent) and sodium chloride (0.24 per cent) has been suggested. June 15, 1918.)

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Dr. Greeley's Paper.

The paper on the influenza epidemic by the same distinguished public health expert who, through his original work, has placed the bacteriology of poliomyelitis upon a sure, corroborated basis, will clear up in many perplexed minds the moot points anent the recent scourge.

Superstitious Doctors.

A little while ago the Medical Record declared editorially that the surgeon is the most superstitious of all medical specialists. After recounting a number of odd and unaccountable results that sometimes follow surgical intervention, the editorial goes on to say: wonder then that the surgeon gets to believe in the Goddess of Chance. He has his lucky and unlucky days. He does his part with the unerring skill of which he is master. The rest is on the knees of the gods. We know surgeons who will not operate on Friday, who must wear a certain gown, who will not let a redheaded nurse assist them, who will postpone an operation until the next day because they have spilled salt, who must be the last one in the operating room and so on. We know all these and many others. It is no reflection on their skill, but rather an indication of the immense complication and subtleties of the human or-ganism."

We do not believe, however, that the surgeon is any more superstitious than other medical men. Surgery is a more exact art than medicine, and there is more chance for superstition in the latter field than in the former. And the human organisms of physicians show the same "immense complication and subtleties" as do surgeons'. Take the belief of physicians in certain forms of therapy—drug, mechanical and electrical—in circumstances that do not justify the belief. There is hardly any end to the citations that might be made in easy proof of this matter. When it comes to prognosis we find a maze of omens depended upon that are just as frequently mystical as scientific. We are men first and physicians afterward, after all, and some of us introduce such Celtic fancies into the sick room as may be in us by virtue of ancestry, investing sights and sounds with a significance not susceptible of rational analysis. A fairy glen in Wicklow is no more productive of strange omens than a lung sometimes is when interrogated by the stethoscope—when the hearer is a Gael.

We are all superstitious, as a matter of fact, but we differ in degree of "complication and subtleties" largely by virtue of racial origin. The faith in nostrums is perhaps more marked in Anglo-Saxon physicians than in those of other breeds, for the stock that has pinned its faith at times to witchcraft and the King's touch has all the psychologic components that would, in a modern day, transmute its primitive characters into a reverence

for freak proprietaries.

It is interesting to trace the relation of the German mind's superstitious trend to its synthetics. The more cutlandish a chemical formula the more therapeutic faith is reposed in it. This is one of the phases of Kultur of which we must rid ourselves, for the Germans succeeded for a time in inciting in us much the same reactions that they experienced themselves in the presence of the complicated and oftentimes harmful creations of their laboratories.

As we can't help being superstitious we must be superstitious pragmatically, and that is neither the Celtic nor the Anglo-Saxon way. Let us develop in medical matters an intensive American superstition that will connote, not an excessive reverence for anything, based upon ignorance, but something in accordance with the Latin words from which the term superstition is derived—to stand over, or above. Let us be superstitious in the sense of standing above our superstitions. What really cultivated physician does not so stand, despite his human weaknesses? This we must do until the day when medicine takes its position among the exact sciences, with no place for chance. He who does not believe that that day will come, and soon, and who does not work for it, is fit only for superstitions of the baser sort and is a misfit in the profession.

Effectual Prayer.

In the course of the influenza epidemic the newspapers and the public authorities, from the President down, were besieged with letters from devout persons urging upon them the necessity of proclaiming a definite time for all believers to pray that the powers above might intercede and stop the ravages of the disease.

"The effectual fervent prayer of the righteous availeth much," saith Saint James in his Epistle.

We like the Apostle's use of the word effectual. He must have had in mind the foundations of effectual prayer, such as cleanliness and a few other little things.

If the Lord granted our prayers irrespective of the facts that we condone the saliva tanks in which soda water glasses are "washed," and ride in the subway, and crowd together in foolish assemblages, and live in tenements that are a disgrace to a supposedly civilized democracy, what reason would there be for hygiene and sanitation? All we should have to do in the face of an

epidemic of infantile paralysis or influenza would be to petition the Almighty. Somehow or other we are convinced that the Lord would regard such prayers as blasphemy.

We are strong for prayer, after the rat and the flea and the mosquito and filthy cellars and badly ventilated living quarters have been disposed of—effectual prayer, as Saint James hath it.

Spirit Versus Matter.

If all our invalids and semi-invalids could be made to realize how many people have succeeded in spite of, and even because of, great infirmities, their lives might be made happier and more productive, by themselves.

So great have been the achievements of sick men under "impossible" conditions that one could almost found a thesis upon the advantage of disease in the work of life.

The scanning of famous cases that are typical of success related in some way to disease makes one doubt a little bit the soundness of our faith in physical fitness as essential to efficiency or great achievement.

Doubtless our attempted exclusion of those who do not conform to certain standards of health from important domains of human activities helps to set up in the minds of the victims an unfortunate impression that they are more or less unfit for the work of life, so that the failure of the invalid or semi-invalid to keep in the game is due just as much, perhaps, to suggestion from without as to disease within.

One thing is certain, if such men as Lord Nelson were to try to get into our navy to-day they would be turned away without examination, for Nelson appears always to have been an obvious physical wreck. Yet this chronically tuberculous and badly maimed sailor won one of the greatest naval engagements in history.

When Emerson was examined for the ministry the board passed him, not because he knew any theology, but because he seemed destined for an early grave. Certainly Emerson did not permit his great disabilities to hamper his activities.

Alfred the Great and many other famous men did not permit even epilepsy to thwart their careers.

Napoleon, with his feminine body, hemorrhoids, stricture, myxedema, calculi and heart-block, managed to accomplish a great deal.

The blindness of Milton and Prescott and Helen Keller was mightily triumphed over, while the valetudinarianism of Spencer availed not against his strength of spirit. The examples of Stevenson, Heine, Pasteur, Kant and Chesterton are familiar ones.

We are all personally familiar with men who occupy the highest positions in society, and whose contributions to progress are great and enduring, yet who suffer from disabilities to which they have refused to capitulate. But we are more familiar with many obscure persons who are doing their share of the work of the world in the same useful if humble stations which they would have occupied even if not diseased.

"The golden age of invalidism is not a thing of the past; it is of the present and future."

We must try to see to it that the attitude of our disabled soldiers toward life shall be a wholesome one. Many of them will furnish brilliant instances of the triumph of spirit over matter. The best textbook for these men would be Mrs. Shaler's "The Masters of Fate."

Krecke reported in 1915 that since the introduction of roentgen treatment for tuberculous cervical glands two years ago, extirpation of glands by surgical means became unnecessary. At present all soldiers who have had measles since their entry into the service are examined for tuberculosis when they are discharged from the hospital; a second examination is ordered one month after the first.

Miscellany

CONDUCTED BY ARTHUR C. JACOBSON, M. D.

How Rum Mitigated Puritanism.

It is a curious fact that our Puritan ancestors in New England were hugely addicted to rum. Despite their austerity and asceticism they managed in Connecticut, in the year 1786, to spend \$450,000 for rum, which was a little more than the expenses of the State Government.

At a time when one could not walk of a Sunday, except to church, rum was given freely to children.

At college commencements and church "raisings" the amount of rum consumed was incredible. The strictest Puritan communities appear to have had no scruples where rum was concerned, and there were many divines to whom the taste of water was practically unknown.

Those of us who have inspected old family account books know that rum was practically always a large item in the expenditures.

Rum must have been the leaven that kept the Puritan heart human. Perhaps without it his hardness would have been intensified, if that were possible, and his religious exaltation less pronounced.

What effect will the doing away with alcohol have upon us? Will we become harder than the Puritans, but in a different way? Their hardness had to do with an inexorable austerity in the moral life. Will ours have to do with austere industrial and economic conditions, compensated for in part by a relaxation of spiritual anchorages?

Granting these results, will not our life be as gray as that of the Puritan commonwealth, as devoid of happiness, and as bereft of beauty?

In such an atmosphere what is to become of art, of literature, and of all the finer things of life?

Would Kultur be any worse than such a consum-

The more we ponder the question the more we are convinced that the less alcohol the masses use the better for them, and the more convinced that the reformers ought to have it forcibly administered to them. It would make them more human, as it did the Puritans.

The Profession's Welfare After the War.

Much has been said about the important part to be played by the soldier in the future affairs of nations, for it is well understood that our fighting men, when they return to civil life, will expect to see the fruits of the war for democracy. They have bled and suffered for liberty and life that would be worth while, and they will surely lay claim to that for which they have doubly paid.

What about the doctor, whose skill and devotion have meant so much in the course of the struggle? What part will he play, when he "comes marching home," in the way of securing the profession against enemies without?

Is it to be supposed that the physicians and surgeons who have borne such a considerable share of the burdens of the war will tolerate in civil life such.

menaces to professional dignity and efficiency as health insurance, and is it to be supposed that they will tamely submit to the continued practice of medicine on the part of quacks and freaks of all sorts

Our increased importance in civil life after the war will be due chiefly to the glorious service of medical men, a service without which modern war would be impossible.

But only justice and honor and service will be sought by us through that increased importance. are our only ambitions, and let him who would thwart them beware.

Diagnosis and Treatment

Bacteriology of the Influenza Pandemic.

The pandemic of influenza has not spared any part of Germany. The clinical course does not seem to differ from that run by the disease in this country. Relapses and fatal attacks of pneumonia have been particularly noted. The clinical picture is declared to be identical with that of the last pandemic of 1889. A statement made and generally confirmed at a special meeting of the Munich Medical Union on July 9 was to the effect that persons under 30 years of age mainly fall victims to the disease; this was attributed to a survival immunity in the elder generation. The meeting considered all the aspects of the epidemic on the basis of the hospital and university material of Munich. Pfeiffer's bacillus had been found only exceptionally. Streptococci, and occasionally pneumococci, were recovered from the sputum and organs, and university material of Munich. Pfeiffer's bacillus had been found only exceptionally. Streptococci, and occasionally pneumococci, were recovered from the sputum and organs, and also from the blood of patients. Similar findings were recorded in 1889, and thus the present results were in "keeping with precedent." Pfeiffer's bacillus was not found until 1892, although it should have been impossible to overlook it in 1889. The editors of the Deutsche medisinische Wochenschrift have addressed a circular to all the leading bacteriologists in Germany requesting information as to the results of their laboratory investigations. Pfeiffer himself had reserved his

Germany requesting information as to the results of their laboratory investigations. Pfeiffer himself had reserved his final opinion as to the relationship of this pandemic with those of 1889 and 1891-92. He had not examined a sufficient number of cases at Breslau, but found his bacillus in some, while failing to recover it from others, and was still investigating the causes of this discrepancy. Grüber answered from Munich: "Influenza bacilli not found hitherto—investigations proceeding." Ulrich Friedemann, who is in charge of the infections wards of the Virchow Hospital, Berlin, expressed his belief that the symptomatology and complications of the epidemic correspond exactly with those described in 1889-90. He had not found Pfeiffer's bacillus, streptococci and pneumococci being the most common agents of the complicating pneumonias. The influenza bacillus he thought might be evading capture on account of faulty methods, though the possibility that there may be epidemic diseases clinically resembling influenza of which the Pfeiffer bacillus is not the agent should not, he considered, be overlooked.

Uhlenhuth has so far reported from Strassburg the same contradictory results as those of Pfeiffer. Kolle reported, under the date of July 18, from Frankfort that he had failed to detect Pfeiffer's bacilli in any of the few cases he had thoroughly examined. In practically all cases there were found, to detect Pfeister's bacilli in any of the few cases he had thoroughly examined. In practically all cases there were found, however, large numbers of a Gram-positive coccus, often in a pure culture or in symbiosis with pneumococci. The diplococcus tended to develop involution forms and to grow in very long chains in the condensation water. He regards it as the agent of a secondary infection in the "Spanish disease," which he thought may not be identical with the pandemic influenza of 1880-1893. The finding of this pleomorph Gram-positive diplococcus is very interesting in view of the observations of Rosenow and his pupils in the United States. Very similar results have, we believe, been obtained in the British armies in France, as noted in our columns of July 13 and 20. The Medical Research Committee, to which we are indebted for the abstracts of the German publications quoted above, hopes that the German experiences may attract the attention of bacteriologists in this country. The secretary asks them to send the results of their observations during the epidemic in this country to him at 15, Buckingham Street, Strand, W.C.2, in order that the results gained here may be collated, with a view to the organization of such co-ordinated work as may be found possible for the study of the secondary waves of infection that are to be expected.—(Brit. Med. Jour., Aug. 10, 1918.)

Botulism.

Cases of food poisoning have a special interest at the present time, when the national needs demand the utilization of all possible food materials and entail the use of preserved, cured, or tinned foods to a greater degree than under normal cir-cumstances. The Lancet publishes two important papers to which it draws attention.

The first of these by Capt. Wilfred Harris, deals with seven cases of botulism which have come under his notice within a fortnight in widely separated districts of the metropolis. He gives an admirable brief summary of the principal clinical fea-

gives an admirable brief summary of the principal clinical features of the condition, as published by Durham in the Clinical Journal of June 7, 1899, adding a clear and instructive account of the most typical case in his own series.

The second paper, by Maj. A. J. Hill, of Sheffield, deals with 11 cases characterized by asthenia, ophthalmoplegia, and paralysis of various cranial nerves, occurring in Sheffield and other places in the neighborhood. There can be little doubt from the description he gives that these cases are also examples of botulism as suggested by him, though he has not yet had the complete opportunity of establishing their nature.

Botulism, allantiasis, or acute infective ophthalmoplegia, is a form of food poisoning believed to be due to infection by the Bacillus botulinus, and first described by van Ermengem. Al-Bacillus botulinus, and first described by van Ermengem. Although its name suggests poisoning by sausage meat, the bacillus has been found in ham, tinned fish, lobsters, oysters, and cheese. Unlike some other forms of food poisoning due to bacterial agency, botulism is not associated with gastro enteritis; indeed, obstinate constipation is usually a prominent feature in cases of this condition. Its marked tendency to cause severe nervous symptoms, and the fact that it is often afebrile, may lead to its true nature being overlooked except in epidemics. Briefly stated, its main symptoms are internal and external ophthalmoplegia, with paralysis of accommodation, dilatation of the pupils, strabismus, ptosis and diplopia. anhonia. external ophthalmoplegia, with paralysis of accommodation, dilatation of the pupils, strabismus, ptosis and diplopia, aphonia, dysphagia, and obstinate constipation. Diminished salivary secretion also occurs in many cases. Facial palsy occurred in some of Capt. Harris's and Maj. Hall's patients. Retention of urine was noted in five of those in Capt. Harris's series. The disease is a serious one, and may be fatal. The treatment suggested by Capt. Harris is to clear the alimentary tract with calomel and enemata, and to give regular hypodermic injections of strychnine. He suggests that the pathological condition produced is an acute polioencephalitis superior, due to tion produced is an acute policencephalitis superior, due to the neurotoxic action of the poison produced by the causal organism.—(Lancet, Ap. 20, 1918.)

A Case of Colloid Degeneration of the Skin With An Unusual Histological Feature.

Lloyd W. Ketron of the Dermatological Department of Johns Hopkins University reports this case.

The patient was a Virginian, aged 42, single, and a carpenter by trade. He had no serious illness and his general health had always been good. He chewed tobacco, but did not smoke nor use alcoholic drinks. In his work he was not in the habit of

handilng paints, oils or chemicals.

The disease had begun (as the patient described it) 12 years before, with the appearance of a "little patch of warts" on the back of the left hand just behind the knuckle of the forefinger. Very soon afterwards the back of the right hand had become affected, and the eruption had very gradually reached its present extent. The ear had been implicated for about five years. There had been no subjective symptoms.

On examination, the process was found to be limited to the back of both hands and the helix of the left ear. It extended on to the first phalanges of some of the fingers, but the palmar surfaces were not involved. On the hands the eruption consisted of a thick aggregation of papillomatous lesions somewhat larger or smaller than a pinhead and with an elevation of 1 or 2 mm. They were round, oval or triangular in shape, and occasionally semiglobular ones with restricted bases were found. The surfaces of most of the lesions were smooth, flat, and frequently had a glazed appearance. In the center they were brownish-or reddish-yellow in color and appeared to conwere brownish-or reddish-yellow in color and appeared to contain fluid. One of them was pricked with a needle but no fluid escaped. The whole top was then pulled off and a jelly-like, friable, brownish-yellow substance was disclosed, embedded in the skin. It was easily expressed, leaving an open-

bedded in the skin. It was easily expressed, leaving an open-ing which rapidly filled up with blood.

On the ear the disease extended along the helix, forming a protuberance about 3 cm. long and 3 or 4 mm. high. Here the lesions did not form separate elevations as on the hands, but a diffuse thickening with a more even surface was formed, within which could be seen the brownish or yellowish masses embedded in the skin. embedded in the skin.

No other dermatological condition was noted except a large number of black comedones over the nose, cheeks and forehead.

Histological Examination.—A piece of tissue was excised from the back of the hand and the sections stained with: (1) hematoxylin and eosin; (2) picric and fuchsin; (, 4) Weigert's elastic tissue stain combined with (a) safranin and (b) hematoxylin; (5) acid orcein; (6) polychrome methylene-blue.

No change was noted in the epidermis except a flattening

out of the interpapillary pegs.

In the papillary layer of the cutis, round or irregular masses of a homogeneous material were found, which had raised the epidermis up into the papular elevations noted in the clinical descriptions. These masses were not confluent and were rather sharply separated from the surrounding collagenous and elastic tissues. They were divided up into irregular blocks by branching lines which appeared as a simple break or consisted of one or more strands of connective tissue, in which were well-preserved nuclei and occasionally small blood vessels. (The fixation, staining and manipulation of the sections have resulted in a noticeable separation of many of the blocks.)

The most striking thing observed in the histological study were peculiar cells with round or oval vesicular nuclei, apparently embedded in the colloid blocks or lying along the connective tissue strands between them. They were comparatively scarce, but a few of them were found in all of the sections. They occurred singly or in groups and in one instance surrounded an opening in glandular fashion. Their size varied from that of a small lymphocyte to that of one 4 or 5 times as large. The protoplasm, especially of the larger cells, was abundant and filled with granules which took the stains somewhat as did the colloid material, although much more faintly. These cells frequently appeared as if they had been carved out of the surrounding colloid material. Pseudopodial-like processes were occasionally present. Many of them, however, were not so striking in appearance and differed in on way from the connective tissue cells except that there were a few granules in the protoplasm. Most of the cells apparently contained only one nucleus, but frequently they lay together in such a manner that their outlines were not well defined.

The elastic tissue in the upper half of the corium was partly swollen and degenerated and a narrow fringe lay between most of the colloid masses and the epidermis.

The author was unable to follow the formation of the colloid from collastin, or to find the large amounts of callocin as described by Unna. The lines of division between the collagenous and elastic tissues, on the one hand, and the colloid masses, on the other, were on the whole rather sharply defined.

No definite colloid changes were found in the blood vessels

of the corium, the sweat glands or epidermal cells. The only unusual feature which the histological study has brought out are the peculiar cells which lay in the colloid masses. These have apparently been mentioned by only one investigator, Bizzozero. Although he does not speak of the granular nature of the protoplasm, I presuppose them to be cells similar to those I have seen. He describes them as containing large vesicular single or multiple nuclei and a more or less distended (geblätes) rich protoplasm with narrow processes. The author believes that they originate from endothelial and connective tissue cells.

He was especially interested in these cells because they reminded him of those described by Drs. Gilchrist and Ketron in a case of fatty atrophy of the skin. (In this case, however, the granules were represented in the sections only by vacuoles, since the fixative agent had dissolved out the granular material.) We showed that these cells were macrophages which had taken up the fat probably because some chemical change had converted it into a foreign body.

Ketron believes the process is similar in the case of colloid degeneration of the skin, and that these peculiar cells are macrophages or cells which have phagocytosed the calloid material in an attempt to remove it from the tissues. The cells of this type are usually derived from connective tissue and endothelial cells. In our case, they have most likely been formed from the well-preserved connective tissue cells which were present in the colloid masses.

Conclusions.—A typical case has been reported of the rare condition of colloid degeneration of the skin. In the histological study, peculiar cells with granular protoplasm were found embedded in the colloid blocks. These have apparently been described by Bizzozero, but he did not recognize their nature or function, if my conception of them is true. I believe them to be macrophages which have phagocytosed the colloid material, because of its foreign body reaction.—(Johns Hopkins Hosp. Bull., July, 1918.)

Meta-Infective Fevers.

Under this heading Professor Umberto Baccarani, in La Riforma Medica of March 16, calls attention to the fact that patients, subsequently to acute febrile diseases, not infrequently develop after a few days of complete apyrexia, a subfebrile condition which is not easy to account for. These processes are of variable duration and uncertain course, their pathology is different in different cases and often puzzling to explain. It is necessary, in the first place, to exclude from this category relapses and reinfections of the primary processes, and complications attended by febrile manifestations of evident origin and easy interpretation. True meta-infective fevers may be the only manifest expression of a slight and temporary complication of the previous acute disease or may have their origin in the flaring up of some morbid condition not previously recognized, or depend on some unusual complication which has no relation to the preceding infection. But in other cases the meta-infective fever is cryptogenetic or essential in the sense that its real cause remains obscure in spite of the most diligent investigation and laboratory research.

When, therefore, a patient in an apparently well-established state of convalescence has a rise of temperature from sauces which otherwise are not capable of raising it, the implication is that we have some potential morbid condition which should be thoroughly investigated. Such meta-infective fevers usually make their appearance a few days after the cessation of the illness, from three days to a week. After this period the occurrence of fever cannot be classified under this appellation, since it almost invariably points to a true and recognized complication of easy diagnosis and special characteristics. Their duration is short, not usually more than a week, their form and course strikingly variable, and their intensity moderate, the temperature ranging from 37° to 38° C. Professor Baccarani's clinical observations have led him to attribute the cause of these meta-infective fevers to the following conditions:

1. A simple follicular colitis, usually concomitant with a return to more substantial diet and associated with slight abdominal pain and distension, loose stools, or constipation. The condition disappears rapidly on a return to milk diet. 2 A mild appendicitis with absence of any prominent symptoms at the time, but which becomes evident by subsequent events. 3. Cholecystitis, most often after a typhoid infection. 4. Pyelitis and cystitis, revealed by examination of the urinary sediment, and especially frequent after typhoid and paratyphoid infections. 5. Endocarditis of a benign type. 6. Slight localized pleurisies. 7. Osteomyelitis of mild type, the only symptom being an aching and tenderness in the lower third of the thigh; this cause is most frequently met with in young adults and children. 8. Crypto-bacillary fever—tubercular, malarial, or syphilitic. 9. Adenoids. 10. Diseases of the female genital system. 11. Slight inflammatory conditions of the skin or subcutaneous tissue caused by hypodermic injections of camphorated oil.

Professor Baccarani's observations are singularly interesting

Professor Baccarani's observations are singularly interesting and suggestive. The interaction of morbid processes is a subject which has as yet not attracted the attention it merits. The occurrence of febrile or subfebrile conditions during convalescence is very frequently observed, and is too often disregarded or looked upon as a mere incident in convalescence. We hope that Professor Baccarani's paper will lead to a more scientific analysis of these conditions in this country. It is more than probable that research on these lines might lead to some valuable results both in pathology and treatment.—(Loncet, July 6, 1918.)

Serum Treatment in Scarlet Fever.

In an excellent paper on the treatment of scarlet fever with the serum derived from patients convalescing from the disease, Drs. Kling and Widfedt (Hygiea, Stockholm, 1918, 1xxx, 2) report results that must be regarded as highly satisfactory. A severe epidemic of scarlet fever began in Stockholm about August, 1916, slowly dying down after May, 1917. In twelve months from September, 1916, there were 2,165 cases, with 152 deaths; 327 of the cases were classed as "severe." The serum employed was taken from convalescent scarlet fever patients from four to seven weeks after the onset of the disease; the blood was drawn off by the insertion of a coarse aspiration needle into a vein at the bend of the elbow, an adult yielding 200 or 300 c.cm., a child 200 c.cm. or less. The serum was drawn from the clot forty-eight hours later, 200 to 300 c.cm. blood giving 50 to 150 c.cm. serum. This was tested for Wassermann's reaction, which proved positive in 10 out of 196 samples, and for the presence of bacteria by culture in deep glucose-agar these to exclude the presence of anaërohes). Carbolic acid was added as antiseptic to 0.5 per cent. Thus prepared the antiscarlatinal serum was kept on ice until used, usually for two or three weeks. The number of patients with

severe attacks of scarlet fever treated with it was 237. When-

severe attacks of scarlet fever treated with it was 237. Whenever possible (202 cases) the intravenous route was chosen for the administration; if no adequate vein could be found, it was given by intramuscular injection. Children under 5 received 20 to 25 c.cm., hig children and adults from 40 to 60 c.cm.; in most cases a single dose was enough. The serum was first employed in the middle of November, 1916, and it is noted that the first three patients receiving it died; but the early mortality, which had averaged 50.5 per cent among the 91 severe cases treated without the serum, fell to 10.5 per cent in the 237 severe cases that received the serum.

The late mortality among the severe cases was 19.8 per cent before and 7.2 per cent after the use of the serum was instituted. The total mortality among the severe cases was 70.3 per cent without and 17.7 per cent with the use of the serum. The serum treatment usually brought about a critical fall of 2° or 3° C. in the patient's temperature within twenty-four hours in straightforward cases, with great improvement in the general condition, and often a deep and refreshing sleep, the pulse rate falling from 140-160 to 100 or less. This was the case in 101 out of 115 such instances. The action of the serum was less well marked in 80 patients with complications (lymphadenitis, purulent rhinitis, otitis, and so forth), but none the adenitis, purulent rhinitis, otitis, and so forth), but none the less an improvement was generally observable. Nothing like severe serum sickness was seen in any of the patients treated with the serum; a few had a brief rigor soon after its injection, with the serum; a few had a brief rigor soon after its injection, and half a dozen exhibited a slight urticaria that may or may not have been due to its use. It is noted that 111 out of the 186 samples of serum employed were used alone, unmixed; 43 of these 111 were derived from mild cases of scarlet fever, 56 from moderately severe, and 12 from severe cases.

Good therapeutic results were obtained from 60, 66 and 66 per cent, respectively, of these three varieties of serum; whether the serum was taken from the patient in the fourth, fifth, sixth or seventh week after the onset of the fever seemed to make

or seventh week after the onset of the fever seemed to make no difference to its therapeutic value. The earlier the anti-scarlatinal serum was administered to the patient the better the results obtained—if in the first three days, over 90 per cent of results obtained—if in the first three days, over 90 per cent or cures, whereas 5 out of the 10 patients receiving it on the sixth day died. The serum seemed not to lose its value after keeping for two months. As for the avoidance of scarlatinal complications by the patients treated with the serum, the hopes the authors at first felt were, as they say, soon gravelled; thus there were 21 per cent of cases of nephritis among 212 of the serum-treated patients, and 21.5 per cent among 1,928 other cases in the same Stockholm epidemic. Otitis, mastoiditis, and lymphadenitis seemed commoner among the patients who did lymphadenitis seemed commoner among the patients who did not receive the antiscarlatinal serum. In conclusion the authors state their belief that the human antiserum is specific against state their belief that the human antiserum is specific against scarlet fever and its presumably invisible virus; the superadded streptococcal infection common in scarlatina is left untouched by the human serum, and should perhaps be combated by the use of a suitable antistreptococcal serum. They think their human antiserum is both antitoxic and bactericidal.—(Brit. Med. Jour., July 27, 1918.)

Substitutes for Blood in Transfusion.

There exists a great and urgent need for an injection fluid that can be satisfactorily employed instead of blood for transfusion in cases of hemorrhage. That this need is greatest at or near the battle fronts in Europe goes without saying. Nevertheless there is a constant need of such a fluid in everyday emergency work at home.

The reason that blood is the ideal transusion fluid is not that it blood are that it contains harmed him or either blood.

that it is blood nor that it contains hemoglobin or other blood substances, but because the liquid (the water) that it contains is held by the colloids of the fluid in such a way that it is is held by the colloids of the fluid in such a way that it is held by them for a longer period than so much pure water would be, and therefore it remains longer in the vessels and gives the heart something to push against, so to speak. If one introduces pure water into the vessels of the body it is almost immediately given up and excreted by the kidneys. Water held by colloids, on the contrary, tends to be held in the body until the colloids holding the water are split up by the ferments of the body and the water is set free. Salt solutions not held in colloidal combination act as does pure water. Obviously, the ideal fluid for injection after hemorrhage is tions not held in colloidal combination act as does pure water. Obviously the ideal fluid for injection after hemorrhage is blood plasma, for it is a colloidal solution in which the water is held in a physiologic stable way. But, also obviously plasma is not always obtainable on short notice. It has been shown that when more than half the total calculated blood volume had been taken from an animal and when the carotid pressure had fallen to the physiologic zero, the pressure was instantly and permanently restored to normal by injecting an equivalent amount of plasma. A saline solution on the other had brought about only a slight transient recovery of the

As substitutes for plasma or blood in transfusion Hogan has recommended and used a 2.5 gelatin solution, and Bayliss per cent gelatin or a 7 per cent gum acacia solution. acacia has the advantage over gelatin that it can be sterilized without danger of hydrolyzing it and thereby rendering it useless. Boiling it does no damage. Also acacia is proteinfree and therefore will not produce anaphylaxis. A 2 per cent acacia solution at first raises the lowered blood pressure to normal, but the rise is very transient. A 4 per cent solution is more satisfactory, but this, or even a 5 per cent. solution, is not effective in all cases. Six or 7 per cent is required if

one is to bring back the normal pressure in an organism depleted of its fluid reserves.

As Rous and Wilson say, the needs for a blood substitute may be widely different in different cases. When the hemorrhage has been rapid and has been completely checked, almost any harmless isotonic solution will tide the patient over. It matters little that the fluid will soon leave the vestals for the case of t sels, for the patient's fluid reserves are almost intact, as is his ability to manufacture a plasma rapidly. At the other extreme are those instances in which the blood has been draintreme are those instances in which the blood has been draining steadily away and there remains in the body no source of an immediate restoration of fluid. Here half-measures can not suffice. A fluid must be furnished which will take the place, over many hours, of the lost blood bulk. Except for the blood or plasma of other human beings, fluids containing from 6 to 7 per cent of gum acacia are the best at present available for the purpose. Intermediate cases can undoubtedly be much helped by a 2 or 3 per cent acacia solution or by Hogan's solution. In view of our ignorance of the after-effects of these foreign substances it is advisable not to after-effects of these foreign substances it is advisable not to inject more than the needs of the case demand.—(Jour. Lab. and Clin. Med., July, 1918.)

Cerebral Galvanism: Treatment of Children Mentaally Backward as a Result of Prolonged Illness.

Francis H. Johnson says cerebral galvanism was first tried in the type of case commonly known as "shell shock." As, however, the etiology of cases so diagnosed often differs widely, the results were not uniform.

Briefly, when the mental factor predominated, or when the patient came of neuropathic stock, little good resulted; but in cases where the condition was due to prolonged strain acting cases where the condition was due to prolonged strain acting upon an organism originally healthy both in mind and body, improvement was the rule. Such cases were obviously tremulous and broken down in appearance. They complained of headaches, sleeplessness, lack of memory, and inability to concentrate. These symptoms were usually relieved as a result of 20-30 daily treatments and the patients restored to usefulness, at any rate in a civilian sense. at any rate, in a civilian sense.

NOTES OF CASES.

Case 1.—A boy of 7 was brought by a soldier who had been symptomatically cured, with a request that Johnson would give similar treatment, as the child was backward at school, suffered from headaches, and had "fits." This condition was said to be of 18 months' duration, and to date from a severe and porlonged attack of whooping cough. It is always difficult to be sure what the laity mean by "fits," but in this case apparently the household the sure what the laity mean by "fits," but in this case apparently the household the sure what the laity mean by "fits," but in this case apparently the household the sure what the laity mean by "fits," but in this case apparently the household the sure what the sure what the sure what the sure who was the sure was the sure who was the sure who was the sure who was the sure was th parently the boy would throw himself on the floor, roll his eyes and appear to be only semi-conscious for some minutes. From being a bright child, he was said to have become dull and apathetic. This latter he certainly looked, and his intelligence seemed much below that normal for his age. The boy was given daily treatments for three weeks. An improvement was soon noted. He ceased to complain of his head. His appetite, which had been poor, became normal, and he became more intelligent in his answers to questions. When he had had about 20 treatments his father was transferred to another station. Three months later Johnson heard that there had been no more and that the boy was doing well at school.

"fits," and that the boy was doing well at school.

CASE 2.—The child, a girl of 12, had, at the age of *, become infected with tapeworm. She had passed segments at intervals for over two years, but none had been seen since she was 9. During the infective period, however, she had developed numerous symptoms of reflex nervous irritation. These had culminated in what appear to have been epileptic seizures, for which the child had been treated in hospital for many months. She was the victim of obstinate constipation, of daily headaches and, worst of all, her intelligence seemed that of a child of six. and, worst of all, her intelligence seemed that of a child of six, with the further handicap that all the lessons learned in the first year of school had been forgotten, and that she was un-able to relearn owing to the fact that any mental effort brought on severe headache.

The child, on being brought to see me, stared vacantly about, displaying neither interest nor alarm. She remained silent when spoken to, but occasionally answered her mother in mono-

syllables. She was of normal height, but below weight. Her tongue was furred, and her breath unpleasant, although her teeth were sound and well kept. Placed on the couch with the pads strapped to her forehead and the back of her neck, she showed no nervousness, but remained in the attitude in which she was placed like an automaton.

The story from now on is remarkable. Within a week she had lost her headache. This might have been reasonably hoped for if it was not due to eye-strain, but that the bowels should begin to act regularly every day without the use of any purgative, and without any change of diet or mode of life, was a result which I, for my part, had never expected. Coincidently with the improved tone her appetite improved and her tongue

cleaned.

Within six weeks—i. e., after the administration of some 30 treatments—the child was mentally and physically transformed. She astonished her mother by repeating verses which she had learned at school between five and six years previously, and asked again for her reading books. In another fortnight she read very creditably out of the first school reader, and she could also do simple sums in addition and subtraction.

Treatment was then stopped, and she was sent to a special school for backward children, where she did well. A month later she presented the appearance of a normal, healthy child, and was now almost the proper weight for her age.

EFFECT OF TREATMENT.

If we are to allow for the sake of argument that the application of galvanism to the brain was the sole cause of this cation of garvanism to the brain was the sole cause of this child's recovery, it would appear that the mischief reflexly produced by the irritation of the tapeworm must have fallen most heavily upon the cerebrum and upon the vital centres in the medulla. It does not, however, follow that this must always be the case, or that similar treatment, even admitting its efficiency of the control of th the case, or that similar freatment, even admitting its encacy in this and the other instance quoted, would always produce the same happy results. Johnson feels that the rapid improvement in the case last quoted was directly due to the treatment given. It should therefore be worth while to try this treatment in cases presenting similar features. Fortunately, where cerebral galvanism is going to do good some benefit is apparent within a fortnight, so that little can be lost by making the experiment.

It should be remembered that the cases in question are of a peculiarly hopeless and distressing nature. One definitely proven positive result is sufficient to counterbalance many negative ones, and if only one patient in twenty among those ap-parently suitable derive benefit the labor expended will be well TECHNIQUE.

The technique is simple and free from danger if conducted by skilled persons. It should not be carried out unless it can be directly supervised, and not merely prescribed by a medical

The continuous current from the main taken through a resistance should never be used for this purpose. A cell battery with a finely graduated resistance or a soundly constructed and truly earth-free "pantostat" or "multostat" must be employed. One pad about 3 in. x 2 in. is bound to the forehead exactly in the center. The other, a little larger, is placed on the back of the neck. The forehead pad is made positive, and a current

1-3 ma. passed for 20 minutes.

The greatest care must be taken to see that the current passes in a strictly antero-posterior direction, and that it is evenly distributed throughout each hemisphere. On no account must a galvanic current be passed in a lateral direction through the brain for purposes of treatment.—(Lancet, June 29, 1918.)

Treatment of Septicemia by Intravenous Injections of Sugar-Serum.

Audain and Masmonteil have established the fact that injections of an isotonic solution of sugar intravenously in the case of shock have a remarkable effect in promoting leucocytosis. They found that a count of from 5,000 to 7,000 before the injection was increased to over 25,000 in less than half an hour after it, and remained for two or three hours before falling to about 16,000. Clinically, this effect is shown by a rise of temperature for some tenths of a degree, which is ushered in by a rigor and followed by a profuse sweat. increased leucocytosis is an important reinforcement to the organism in its struggle against the microbial invasion. In addition, the introduction of an assimilable nutrient like sugar addition, the introduction of an assimilable nutrient like sugar is a matter of moment in these cases, in view of the anorexia associated with the condition. The diuretic effect of sugar is a further advantage. The injections, therefore, offer a combination of leucogenetic, nutritive, diuretic, and stimulant actions, all very necessary for the successful treatment of

septicaemia. The use of an isotonic solution avoids all risk

septicaemia. The use of an isotonic solution avoids all risk of haemolysis.

Intravenous injection is essential, because no leucogenetic action follows subcutaneous injections. Glucose, saccharose, or lactose may be used, but an isotonic solution is necessary, in the proportion of 47.60 of glucose, 103.50 of saccharose, and 108.90 of lactose in 1,000. A fresh case requires from 300 to 500 cc. to bring about the leucogenetic reaction. In a patient who has already received injections, and in the case of grave septicaemia, there should be no hesitation in giving 1,000, 1,500 or even 2,000 cc. a day in two or three doses. The necessary amount is easily and accurately determined by taking frequent counts of the leucocytes. A total of about 25,000 must be aimed at. Practically, this is manifested by the occurrence of a severe rigor within an hour after the injection has been given. The treatment should be continued until the temperature has been consistently normal for four or five days. The pulse regains its normal rate, diuresis is completely reestablished, and sometimes, in different parts of the body painless abscesses appear, containing thick, sterile pus.—(Jour. de Méd et de Chir. prat., April 25, 1918.)

A New Reflex Sign in Spastic Paraplegia.

Under the above heading a brief note appears in the Correspondens-blatt für Schweiser Aerste of April 13. Dr. Robrespondens-oldit fur Schweiger Aersie of April 13. Dr. Rob-ert Bing, of Basle, a well-known Swiss neurologist, noted the sign which he proposes to call the paradoxical ankle reflex some months ago in a case of syphilitic hemiplegia, and has since established its constant occurrence in organic spastic conditions involving one or both lower extremities. It is easy conditions involving one or both lower extremities. It is easy to elicit and of unequivocal significance. With the patient on his back the effected leg is put into the usual position for testing ankle clonus, being moderately flexed at hip and knee. The examiner's hand brings the foot into moderate dorsi-flexion, with consequent slight tension on the Achilles tendon, while a sufficiently heavy percussion hammer is employed to strike the dorsum of the foot at any point along the imaginary line joining the malleoli. In positive cases there results an immediate contraction of the gastrocnemius and a corresponding flexion of the foot at least as marked as is usually obtained for the ordinary ankle—or Achilles—jerk.

It is immaterial whether any particular tendon of the ex-

It is immaterial whether any particular tendon of the ex-tensor group, including the tibialis anticus, extensor proprius hallucis and communis digitorum, is struck or not. In nega-tive cases no movement results, or else simply a weak extension or dorsiflexion. The reflex obviously bears a close re-semblance to the familiar Mendel-Bechterew reflex—the tarsophalangeal reflex-and to the carpo-metacarpal reflex of Bechbelongs to the group of what may be called inverted reflexes, where percussion on the extensor side of a limb is followed by contraction of the flexors, or vica versa. Dr. Bing mentions also the paradoxical and inverted reflex described by Piotrowalso the paradoxical and inverted reflex described by Piotrow-ski, percussion of the belly of the tibialis anticus producing a smart plantar-flexion of the foot; he is in doubt, however, as to the inclusion of the "Gordon" reflex in this category. He has found this new reflex present in four cases where the other more commonly elicited reflex signs of organic spasticity from cortico-spinal impairment were apparently absent, and justifiably claims it to be worth further investigation.—(Lancet, June 1, 1918.)

The Local Application of Liquid Glucose in the Treatment of Certain Superficial Bacterial Infections.

T. H. C. Benians calls attention to a method of treatment which in certain conditions has produced very good results. Glucose is in frequent use in the laboratory as a bacterial

Giucose is in frequent use in the laboratory as a bacterial foodstuff, and its application to the site of an infection might at first seem not to be in the best interests of the infected host. But it may be that there are other ways of frustrating the ill effects of the invading bacteria than by their partial destruction with disinfectants. For instance, by altering the nature of the substrate on which they are acting, their products might be rendered less harmful; or the infected region might be made more suited as a nidus for some harmless occasion, which

rendered less narmful; or the infected region might be made more suited as a nidus for some harmless organism which would then more easily displace the pathogenic one.

The following factors have to be considered: 1. Almost all pathogenic bacteria are capable of fermenting glucose, some of them, however, much more slowly than others.

2. During fermentation a definite acidity of the medium is produced.

3. Many of the bacterial toxic bodies, using the term in its widest sense, are formed to the greatest advantage in a definitely alkaline medium, and the production of these substances

is in some cases distinctly inhibited by the presence of glucose; diphtheria toxin is an instance in point

diphtheria toxin is an instance in point.

4. Stinking discharges are in most cases due to the tryptic digestion of proteins, and this is a form of enzyme action which can only go on to advantage in an alkaline substrate, and which ceases in the presence of even a slight degree of acidity. This form of digestion, as it may be called, is analogous to that which goes on in the intestine with the formation, among other stinking bodies, of indol and skatol. The formation of indol by bacteria is said to entirely cease in the presence of a very small amount (0.25 per cent) of glucose. That, as a matter of fact, must depend on whether the particular bacteria ferment glucose rapidly or whether they first commence to digest the proteins. Certainly some bacteria, as, for instance, those causing the foul smell in ozaena, will produce a small amount of indol in the presence of considerable amounts (4 per cent) of glucose.

Bearing these factors in mind we can briefly consider the clinical conditions in which this method has been tried. In these infections the bacteria are carrying on their existence outside the body—that is, on the skin or mucous membrane, and not in the tissues themselves. In a sense these conditions are analogous to the "carrier" states with which we are familiar in certain other diseases, notably in meningococcus and diphtheria

Bromidrosis.—This is a condition of stinking sweat, which responds rapidly to the local application of glycerin. Benians had had only one opportunity of treating a case with glucose, but in this instance it was effective, as in those cases treated

with glycerin.

Oxena.—This condition of fetid rhinorrhea is in most cases due to a massive infection of the nasal mucosa with a specific organism, the principal characteristic of which, as far as we are concerned here, is that it grows very freely in neutral broth. producing much indol and a very foul smell. It grows with difficulty in acid broth (+ 30 and upwards) and there is no smell and no production of indol. It grows fairly well in 4 per cent glucose broth without any smell, and with a gradual production of acidity, and in this culture, as in the acid cultures, it rapidly dies out. A considerable number of cases of this condition have been treated by Mr. C. H. Hayton both with glycerin and with glucose, by swabbing over the mucosa of the nose once or twice daily with a 25 per cent solution, with the result that the secretions of the nose have become acid, and the specific bacilli have been to a large extent, in some cases completely, killed out, and replaced by staphylococci and streptococci, the foul smell and the incrustation of the nose clearing up concurrently. up concurrently.

Chronic Otorrhea.-Mr. Hayton has treated several oldstanding cases of this condition with success. Others who have tried the method in these cases say that they have seen no im-provement. Obviously the mechanical conditions here may be totally different from those met with in a mere mucous membrand infection.

Chronic Vaginal Discharge.—At the Tottenham venereal clinic a number of cases were treated on this principle. Most of them were long-standing instances of persistent discharge not reacting to disinfectant douches. Some were known to be on gonococcal origin, in some there was no proof that they had had this infection at any time, and the condition seemed to be due more to the faulty anatomical conditions not uncommonly found in multiparae. The treatment was carried out by the patients themselves either by douching twice daily with a 25 per cent solution of liquid glucose in warm water, or by the introduction nightly of a glucose pessary (25 per cent glucose made up in a gelatin basis.) In most cases the purulent discharge rapidly diminished, in some cases the purulent discharge rapidly diminished, in some cases it cleared up completely, and the vaginal secretions resumed their normal acid reaction. Some cases have relapsed after being clear some months since discontinuing treatment, some have not at present relapsed, but in any case to assert a positive cure of a gonococcal condition is extremely hazardous. Moreover, in those cases where the anatomical conditions remain abnormal there must necessarily always be a tendency to an abnormal bacterial Chronic Vaginal Discharge.-At the Tottenham must necessarily always be a tendency to an abnormal bacterial flora on the mucosa. Two things, however, admit of a positive statement: (1) That the patient's comfort has been increased by the diminution of the discharge; (2) that the nor-

creased by the diminution of the discharge; (2) that the normal acid reaction of the vagina has been restored.

In these infections of a mucous surface which seem to be analogous to certain other "carrier" conditions, it is highly probable that the likeliest means of cure lies, not in attempting to kill off the invaders completely lest some few escaping the killing process might find the place swept and garnished for them, but rather in attempting to restore the mucous surface to a condition in which its normal bacterial flora may multiply, and in course of time take entire possession of the field again.

In connection with the treatment of vaginal discharge by the

method advocated here, all one wishes to lay stress on is the fact of the diminution of the discharge; this most likely, though not absolutely certainly, marks a step in the right direction. Further work must show how this is effected; whether the mere acidity prevents the migration of the leucocytes through the mucosa, or whether the bacterial products that entice them out by their positive chemiotactic influence are not formed in the presence of the glucose medium I have not myself determined at present—(Brit. Med. Jour., June 15, 1918.)

Epidemic Lethargic Encephalitis.

Prof. A. Netter, who drew attention last March to the occurrence of cases of what he called lethargic encephalitis in Paris, has recently published Bull. de l'Acad. de Med., T. lxxix, No. 18, a fuller account of the subject. A number of similar cases have been seen by Prof. Chauffard and other physicians in Paris and also in other parts of Northern France. The earliest cases in Paris were seen in March, and were diagnosed either as cerebro-spinal meningitis or as tuberculous meningitis. The chief symptoms were fever, somolence, and ophthalmople-gia, so that the cases appear to belong to the same category as those observed recently in this country, and at first thought to be due to botulism. The patient at first either sleeps, or with difficulty resists the inclination to sleep, but at the same time is able to answer questions and to obey directions.

Later on he becomes quite lethargic and unable to do anything, although he may wake up every two or three days to take food. Eventually the somnolence may deepen into coma. The lethargy may be varied by delirium or by convulsions, and the condition may last for weeks or months and be complicated by paralysis of sphincters and by bedsores. The commonest motor paralysis is ptosis of one or both sides, but squinting and even complete immobility of the eyes may be observed—symptoms which point to external ophthalmoplegia observed—symptoms which point to external ophthalmoplegia of nuclear origin. Loss of accommodation and of the light re-flex may occur, and nystagmus is common. The paralysis may tex may occur, and nystagmus is common. The paralysis may extend to the face, the palate, the tongue, the larynx, and the pharynx. There is no actual paralysis of the limbs, but often inco-ordination, trembling, or even clonus or contractures. Fever generally lasts only for a few days, and the diagnosis of encephalitis rests upon the absence (as a rule) of contracture, of Kernig's sign, of irregularity and slowing of the pulse, and on the fact that the cerebro-spinal fluid obtained by lumbar puncture is normal.

The mortality Netter estimates at about 50 per cent, but some the case which appear most desperate recover. Examinaof the case which appear most desperate recover. Examina-tion of the brain reveals the lesions of diffuse interstitial encephalitis, which are those observed by Mott and others in sleep-ing sickness due to the *Trypanosoma gambiense*, though the cause, which has not yet been ascertained, of lethargic encephalitis must be different. Netter recalls an epidemic outbreak a similar kind in Upper Italy and Hungary in 1890 to which the name "nona" was applied. Apparently cases of the same sort occurred in 1895 in many countries, including France, England, Germany, and the United States.

The earliest record of an epidemic prevalence of such a disease appears to be that of an outbreak in Tübingen in 1712, which was called sleeping sickness, but though ocular paralyses were noted it is not clear that somnolence was present in the same cases. Netter gives a reference to an epidemic in Vienna in 1916-17 which appears to have presented all the symptoms of the recent cases. An inoculation under the dura mater of brain substance from one of the Vienna cases produced in a monkey a condition of somnolence which ended in death after forty-six hours. In this animal acute haemorrhagic encephalitis was present. Another monkey inoculated under the dura mater with an emulsion filtered through porcelain remained unaffected. These experiments were made by von Wiesner, who obtained cultures from man and monkey of a Gram-positive coccus; but these experiments do not seem to have been pur-

Tricuspid Regurgitation.

The diagnosis of Tricuspid Regurgitation is assisted very little by its characteristic bruit—a blowing systolic murmur heard best in the region of the xiphoid cartilage. The diagnosis is much more often made by observing that the right heart is enlarged, that the veins in the neck are full and pulsating, that the liver and kidneys are congested and that there is cedema of the legs. All these things may be present without any bruit, or without any bruit that can with certainty be attributed to or without any bruit that can with certainty be attributed to tricuspid regurgitation rather than to the mitral regurgitation which is usually also present. No doubt the reason of this is that the systolic force of the right ventricle, never very strong, is diminished owing to the state of general cardiac failure; the regurgitant stream through the tricuspid orifice therefore produces no audible eddy.—(Practitioner.)

War Activities

Fort Sheridan to Be Base Hospital.

Work has started on the conversion of Fort Sheridan, Ill., into a base hospital which, when finished, will have 4,000 beds. The estimated cost of the new buildings and the alterations to the present buildings to fit them for their new purpose is \$3,423,000. A series of hospital buildings to provide 2,500 beds will be erected. The present Cavalry barracks are to be remodeled into wards. The post exchanges and gymnasium will be converted into mess halls. Nurses are to be housed in the buildings now used for quarters for non-commissioned officers.

The additions planned will provide the other 1,500 beds. The work is expected to be finished in six months.

Few Drug Addicts in the Army.

In order to counteract the mischievous effect of current rumors concerning the number of drug addicts in the Army and in the population at large a report made to the Military Intelligence Branch of the War Department by the office of the Surgeon General is made public. Statements that at least 1,500,000 persons in the United States are drug addicts; that 1,000,000 such persons are known in their respective communi-ties; and that in New York alone the number of drug addicts ties; and that in New York alone the number of drug addicts between the former draft ages of twenty-one and thirty-one was estimated at 200,000 have been current. It has also been said that men included in the draft subsequently develop the drug habit in order to avoid military service. The records of the Surgeon General's office show that of a total of 990,592 men examined in the draft up to Dec. 31, 1917, a total of 403 were rejected for drug addiction. To these men may be added seventy-six men discharged for drug addictions after induction and enlistment in the Service. The latter number includes National Guard, National Army and Regulars. From the figures given it may be said that there is no evidence in the possession of the War Department to show that there is an excessive use of drugs by enlisted men and officers of the Army. The ratio of rejections from the draft represents one Army. The ratio of rejections from the draft represents one rejection in about 2,500 men.

Hospital Reconstruction Division.

Already the Restoration Division of the Surgeon General's office has returned to active duty abroad more than 200 men sent back from the American Expeditionary Force as hopeless cases. It has restored to limited military service many hundreds of men supposed to be of no more military value when they were ordered back from France or England. They have formed them into battalions singled out for special duties for which they have been developed in their hospital restoration. Thousands more are under treatment and training for further usefulness in the war and in civilian employments when the war is over. The base hospital medical officers are laying the foundation in every instance for the future rehabilitation of the wounded, the sick, and those suffering from nervous disturbance. In this way they are preparing the patients who cannot be restored to active duty for the care to come later by the War Risk Insurance Bureau and the Federal Board, which take up the training to make it continuous after the Recon-struction Division determines that the time has come when it is safe to turn them over to the former for ultimate care or to the latter to continue the vocational training for their economic support. The fact that the Army Surgeon General has taken the lead of the belligerent as well as of friendly armies in this work of reconstruction is seen in its application to our Service, and it now seems that theirs is one of the best sysservice, and it now seems that theirs is one of the best systems when judged by the results thus far obtained. The results show that more than eighty per cent. of those passing into the base hospitals sooner or later filter back into service either as full service or limited service men, and of the others ten to fifteen per cent. are discharged to the Federal Board for vocational training, laving only five per cent. ending fatally.

General Gorgas on Active Duty.

Major Gen. William C. Gorgas, U. S. A., retired, former surgeon general of the Army, who recently was retired for age, was detailed to active duty by Secretary Baker on Oct. 15th. General Gorgas will complete the inspection of medical facilities in France and England, upon which he now is engaged, and then will return to the United States to submit a report. report.

The Physician's Library

Surgical Treatment. A Practical Treatise on the Therapy of Surgical Diseases. By James Peter Warbasse, M.D. Three large volumes, and separate Desk Index Volume. Volume I contains 947 pages with 699 illustrations. \$30 per set. Phila-delphia and London: W. B. Saunders Company. 1918.

This is an opportune moment to present the medical world with a new work on surgery, because the war has added to surgical knowledge in an almost incalculable manner. It is proper also that a monumental work of this nature should be undertaken by one whose experience is very broad and whose

undertaken by one whose experience is very broad and whose opportunities for research work extensive.

If the first volume be any criterion, Warbasse will give the profession one of the greatest contributions yet made to the science. This volume discusses as fully as needs be these subjects: Anesthesia, wounds and operations, inflammations, surgical fevers, fistulas, tumors, blood vessels, Lymphatic system, bones, fractures, dislocations, joints, operations on bones and joints, muscles and tendons, skin and nerves. The author owes much to his illustrator, who has materially enhanced the value of the text pages by hundreds of practically presented drawings. The appearance of the succeeding volumes of this series will be awaited with pleasurable anticipation.

will be awaited with pleasurable anticipation.

The Wassermann Test. By Col. Charles F. Craig, U. S. A. St. Louis: C. V. Mosby Co. 1918.

In order to clear up what Craig believes to be misunderstandings as to the exact value and limitations of this test, he has brought out this book which represents ten years' experience. He presents a method that has been satisfactorily used in thousands of cases and which he feels is simple and very accurate. The book is worthy of study by laboratorians and syphilographers.

Syphilis and the Public Health. By Col. E. B. Vedder, U. S. A. \$2.25. Philadelphia and New York: Lea & Febiger,

The author discusses his subject under the headings: The prevalence of syphilis, sources of infection and methods of transmission, personal prophylaxis, and public health measures.

These topics are splendidly handled and many interesting conclusions are reached. The source of venereal disease being

conclusions are reached. The source of venereal disease being the prostitute, we are interested in the treatment of this great question by all writers.

Vedder says: "For the eradication of prostitution we must wait until humanity has been educated to that moral plane where sexual appetite shall be brought to heel by an inflexible will acting at the behest of high morality." Vedder believes in publicity a potification law and high-grade treatment has in publicity, a notification law and high-grade treatment, pay or free, with ample laboratory facilities.

Emergencies of a General Practice. By Nathan C. Morse, M.D. St. Louis: C. V. Mosby Co. 1918.

This is a great fund of useful knowledge from the experience of an lowa practitioner, who is a railway surgeon. He cover all classes of emergency practice, not crudely, but scientifically and practically. Very little is left to be desired and the author has produced a book that every physician might well have at hand. well have at hand.

The Hygiene of the Eye. By William Campbell Posey, M.D. \$4.00. Philadelphia: J. B. Lippincott Co. 1918. Posey believing that a review of the more common diseases of the eye, a description of the manner in which the eye is affected by the general health, and also how the latter may be affected by eye-strain, will be helpful both to the physician engaged in general practice and to the general public, has produced each a book

duced such a book, In view of the increasing number of ocular injuries received In view of the increasing number of ocular injuries received by workmen he has given particular attention to this important subject, indicating the best means of preventing accidents. Posey makes a special appeal for the co-operation of his col-leagues in conveying to the general public important informa-tion on subjects concerning which it is largely ignorant. The book is one that should be in every physician's office.

Collected Papers of the Mayo Clinic. Edited by Mrs. Mellish. Vol. IX. Philadelphia and London. W. B. Saunders Co., 1918.
This volume has 35 contributors who furnish 82 articles on

This volume has 35 contributors who furnish 82 articles on subjects subdivided as follows: alimentary canal, urogenital organs, ductless glands, heart, blood, skin and venereal diseases, head, trunk and extremities, technic and general.

With such a high standard of excellence it would be difficult indeed to differentiate between these contributions. Suffice it to say the contents of this volume are quite comparable with its predecessors and the book reflects great credit on the great institution it represents. institution it represents.

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(From note of acceptance by Council on Pharmacy and Chemistry of Amer. Med. Association — Jour. A.M.A. Sept. 15. 1917)



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In every step in the manufacture of Mellin's Food there is constantly in view the ultimate object of making a product of definite composition

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This purpose is to furnish certain food elements which, when added to cow's milk, make it a suitable food for an infant. The food elements in Mellin's Food—carbohydrates (maltose and dextrins), proteins and salts—when dissolved in water and added to cow's milk so change the balance of nutrition in cow's milk that the resulting modification presents fat, proteins, carbohydrates and salts in the proportion needed

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Adaptability of a Child with Both Forearms Amputated.

Mayer, (Zentralbl. f. Chir., 1916 No. 46, 922) demonstrated a child nine years old, who had both forearms amputated, the left entirely and the right two-thirds. The amputations had been performed at the age of one and one-half years. The child can write excellently and can help itself very nicely. For eating it uses a spoon held between the forearm and its

The author emphasized the importance of saving every millimeter of stump possible for the attachment of a good artificial limb.—(S. G. O.)

Gout and Infectious Arthritis.

Henry A. Christian, in two clinical lectures in the Interna-tional Clinics for June, considers the differential points between gout and acute and chronic arthritis.

There are three types of gout: First, obvious depositions of urates in the bone or in the cartilage, or in both.

Second, in which that does not occur, but in which there are chronic arthritic changes, with exostoses and associated atrophy of the cartilage, etc., sometimes with depositions of urates in the soft parts around the bone, adjacent to the bone, but not in the bone.

Third, very little change in the joints, inflammatory change in the soft parts, but no obvious deposition of urates in the soft parts about the joints or in the bones or cartilage. In all three types depositions of urates in the ears occur, giving

all three types depositions of urates in the ears occur, giving typical tophi that are easily recognized.

In regard to the value of uric acid metabolism studies, Christian points out that we are dealing with a substance which is present in the blood and in the urine in relatively very small quantities. Anything present in small quantities brings up the possibility of error in its determination. In the second place, we are dealing with a substance which in the blood is very difficult of quantitive determination, and there is still a question as to whether the methods available are satisfactory, or tion as to whether the methods available are satisfactory, or, to put it another way, other substances than uric acid may

cause the same calorimetric changes which are used by Folin in his method of determining the uric acid.

In regard to the x-rays, he states that we are justified in calling gout only those cases in which there is the typical punched-out area in the bones with thickening in the bony substance around the area.

"Rheumatism" and Atophan.

Just as completely as Atophan has replaced colchicum in the treatment of gout, because of its greater efficiency, and the absence of the cardiac depressant and intestinal irritant properties of the old-time drug, so are the salicylates rapidly being superseded by Atophan in the treatment of rheumatism.

For salicylates, whether inorganic or organic, are most decidedly cumulative, depressant, constipating, and—as the newer investigations show—renal irritants, while Atophan, with a much more pronounced analgesic and antiphlogistic action, is free from these drawbacks.

Without, therefore, waiting for careful diagnosis to estab-lish the exact type of rheumatism, the prescribing of Atophan is always in order for the promptest and most reliable relief from pain and inflammation so far obtainable from any known drug.

Diabetic Worries.

It is a well-known fact that diabetic symptoms are greatly aggravated by a disordered state of mind caused by worry. The limitations and exactitude of the average diabetic's diet is a source of annoyance on one hand, and on the other, if he oversteps it in any way to satisfy a very natural craving, he is worried about the results. The reaction of such emo-tions is quite sure to produce or increase the dreaded condition to a greater extent at times than any unwise variation from the rigid diet.

A really palatable and attractive food, at the same time suitable to a strict diabetic diet, would solve the two-fold problem of correct food and a healthy state of mind. Such a solution has been found in muffins, bread, cookies and other dainties made from Lister's Diabetic Flour.

The base of this new flour is a combination of especially prepared caseins, and recent experiments by Janney show that the casein protein leads to the formation of less glucose than the other forms of protein he has studied.

An analysis of Lister's Diabetic Flour, made by Edward P. McKeefe, chemist of the N. Y. State Department of Agriculture, shows it to be absolutely free from starch and

sugar. Interested physicians will be mailed samples and analysis on request to Lister Brothers, 110 West 40th street, York.

Diet in Nephritis.

A. F. Chace and A. R. Rose, New York, have studied the dietary requirements in patients suffering from interstitial nephritis by methods of blood analysis, and deduced dietaries which they publish in tabulated form. They summarize their findings as follows: "A scheme of dietetic treatment for nephritis, based on the more recent advances in the field of nutrition, and tested in advanced cases of interstitial nephritis in this hospital, has had encouraging results thus far. The patients used in the test have been followed not only by the patients used in the test have been followed not only by the usual clinical observations at the bedside, but also by frequent chemical examination of the blood. The determnation of creatinin and urea nitrogen affords an excellent and convenient means of gaging the kidney's capacity to eliminate nitrogenous waste products and noting the response of the nephritic to treatment. The plan provides a diet adequate in calories, protein, mineral elements and food accessories. To attain this, a variety in the menu has been insisted on. This insures a happier and more content attitude on the part of the patient, the inclusion of all the requisite vitamins and the complementing of biologically incomplete proteins. At least one hot dish is inclusion of all the requisite vitamins and the complementing of biologically incomplete proteins. At least one hot dish is provided each day by giving a bowl of cream soup. Green vegetables are given to bring the iron intake in excess of 15 mg, per day. The sum total of the day's ash constituents should be decidedly alkaline in reaction and rich in calcium. Foods high in phosphorus are discriminated against, though not strictly barred, as are also foods of striking flavors. The day's energy requirement should add up at least 2,000 calories and the protein should not exceed 60 gm."—(J. A. M. A.)

Practical Wound Treatment.

Many and various are the antiseptics that have been rec-Many and various are the antiseptics that have been recommended for use in connection with the Carrel-Dakin technic, but for genuine convenience as well as thoroughly satisfactory results Burnham's Antiseptic Powder is a product that has proven its practical worth in no uncertain way. Simple in character, this preparation nevertheless makes it possible to apply the latest ideas of wound treatment with an ease and facility that will appeal to the practitioner who is busy, but who still aims to give his patients the advantage of the latest advances of medical science.

In Burnham's Antiseptic Powder the earnest physician will find an extremely serviceable preparation that he will

will find an extremely serviceable preparation that he will not allow himself to be without, as he learns the excellent results he can obtain whenever antiseptic measures are required. For further information and sample, address Burnham Soluble Iodine Company, Auburndale, Mass.

Women in Medical Service.

Mt. Holyoke has always been a pioneer in those matters which call for the service of women, and the action of the college alumnae in its resolution forwarded to Secretary of War Baker is in accord with its traditions. The alumnae call attention to the valuable service performed by women physicians in the other warring countries and ask that, in view of the large number of well-equipped women in the United States, their services be utilized to the fullest extent and that they be recognized as on an equal footing, in regard to both rank

and pay, with men doing the same work.

Increased opportunities for women in the medical and nursing branch of the war service have led, this fall, to the offering of new courses for women along this line. The Women's Medical College of Pennsylvania is giving three special lecture courses aiming at increased efficiency for lay workers. The lectures extend over a period of ten weeks and include twelve hours weekly of laboratory work. hours weekly of laboratory work. The courses, intended only for earnest students, are definite and practical, dealing with hygiene and sanitation, clinical laboratory work and dietetics.

Circulatory Disturbance in the Obese

Circulatory Disturbance in the Obese.

C. L. Buck states that fat deposits are particularly well marked around the heart, in the omentum, abdominal wall and arms and legs. Around the heart, it interferes with the action of that organ by restriction of space in the pericardial sac, by deposit between the individual muscle fibres, and by its extra weight. All grades of cardiac insufficiency are found in these patients. Treatment consists in righting the disproportion fuel value of the food and energy output. The author deprecates the rapid reduction of weight by drugs.—(Boston M. Jour., September 7, 1916.)

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On account of its boric and benzoic acid constituents, forms a suitable lotion in dermatitis following vaccination. In various cutaneous disorders, its use allays excessive itching or irritation, and promotes cleanliness while exercising its antiseptic effect.

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Perleche.

J. E. Lane, New Haven. Conn., writes on perleche, a disease chiefly of infants and children, though it may occur in adults. He has found it to be quite common in New Haven adults. He has found it to be quite common in New Haven as well as elsewhere. Its first appearance in medical literature was in 1885, when it was described by Lemaistre, who gave it its name, though it had been already known under various designations in Germany and Italy. It is an affection of the labial commissures, usually bilateral and limited. As it progresses, it extends toward the center of the mouth and also on the skin and mucous membrane. In the beginning it is smooth and whitand mucous membrane. In the beginning it is smooth and whit-ish with mother of pearl tinge, but as it progresses the epithe-lium becomes macerated and a little thickened and loses its pearly tinge. Small transverse fissures appear with a red base and the lips are stretched but they do not bleed readily. There is little or no inflammatory area adjoining. Occasionally a little of the pellicle can be detached. It is never an ulceration or accompanied with swelling as far as Lane has observed. As the lesions begin to heal the disease retrogresses and approaches the early lesion. and after the roughness has disappeared there is only a slight discoloration for a month or so. If treated it can be cured in two or three weeks, but if left to itself it may take a month or more and in some cases its duration is in-definite. Mild cases produce no symptoms other than those described. As regards its etiology Lane finds that the strepto-coccus is the only bacterium that is always present, but there may be other less essential factors in the staphylococcus, etc. It is highly contagious and common drinking utensils are the most frequent vehicles of infection, but it may be spread by kissing, pencils, handkerchiefs and towels. The diseases likely to be confused with it are herpes labialis. eczema, stomatitis and syphilis, but no careful observer would have to consider more than the latter as it greatly resembles the mucous patch The more general occurrence of syphilis should be considered, however, it is never confined to the mucous membrane of the mouth. The prophylactic measures are those already indicated and painting the lesions daily or every other day with a 10 per cent. solution of silver nitrate or a diluted tincture of iodine and a copper sulphate or alum pencil will promptly cure. Anti-septic mouth washes are rarely needed.—(J. A. M. A.)

Myeologenous Leukemia.

I. Levin of New York, says: The first reports of favorable results of x-ray therapy of the disease were published fifteen years ago. Since then a great number of cases were treated with excellent results, and the fact is firmly established that x-ray therapy is a specific method of treatment and is capable of prolonging life in every case of this heretofore hopeless disease. Even when the general condition of the patient is disease. Even when the general condition of the patient is extremely bad, he may promptly rally under treatment. At the beginning of the treatment, there may take place an apparent exacerbation of the clinical symptoms—headache, nausea, vom-iting, diarrhea and rise of temperature. But all these symptoms soon subside and are followed by a marked improvement of the general condition, an increase of strength and body weight. All the clinical symptoms accompanying the disease, as, for instance, cessation of menstruation, priapismus, hemoras, for instance, cessation of mensituation, praphs and, the mension of the blood-picture improves and the spleen diminishes in size. Thus a complete clinical remission of the disease sets in which lasts a longer or shorter period of time, but is then followed by a redapse, which may be egain influencer by x-ray therapy. Ultimately the periods of remission become shorter and the patient succumbs to the disease.

There canot be any doubt left that the life of the patient may be prolonged for a number of years under the influence of this treatment. It is impossible to assert at present whether a complete cure of the disease will be attained ultimately, when

complete cure of the disease will be attained ultimately, when the treatment is begun early and the technique of it is improved, but the results so far are remarkable, indeed. The technique of x-ray therapy employed in these cases is similar to the one employed by the writer in treating cancer cases. The Coolidge tube is used exclusively, The distance between the target and the skin is 8 inches, and the length of the spark is 8½ inches. A Bauer penetrometer, an apparatus which measures the hardness of the rays, as well as the milliampèremeter are placed so that they can both be observed constantly measures the hardness of the rays, as well as the milliamperemeter are placed so that they can both be observed constantly through the lead glass window. The penetration or hardness of the rays, kept at 10 Bauer and 5 milliampères, are sent through the tube. Each field of the skin represents a circle of from 1 to 2 inches in diameter, depending upon the region treated. The regions treated are the spleen, the shafts of the long bones, the sterum, the chest-wall and the liver. A number of fields are mapped out and 4 fields are treated at every sitting. The treatments are given three times a week for about six weeks. At the beginning, until the tolerance of the pa-

tient is ascertained, only 10x are given to each field, subsequently the dose is increased to 20x per field. The treatment is constantly controlled by blood examination. At the beginning it is well to take a blood-smear before and after each The treatment ginning it is well to take a blood-smear before and after each treatment, subsequently one weekly examination of the blood is done. As soon as the blood-picture is sufficiently improved, the treatment is interrupted, which usually takes place in about six weeks. The time for the beginning of the next course of treatment depends upon the condition of the patient.

Lymphasic lenkemia does not respond to the x-ray treatment control as a standard as the medicarie treatment in the maintaint of

Lymphasic leukemia does not respond to the x-ray treatment quite as readily as the myelogenic type, but in the majority of cases the condition subsides, and the life of the patient is prolonged. The method of treatment is identical with the one employed in the myelogenous form, only a great deal of care must be taken in the treatment of the enlarged lymph-glands. For the latter tissue the writer found that radium acts more promptly than the x-rays. A combined treatment with both agents should therefore be employed in cases of lymphatic leukemia.—(Med. & Surg., July, 1917.)

Intestinal Stasis.

That the symptoms described by Lane as caused by intestinal stasis do exist is a matter of common observation according to J. S. Horsley, Richmond, Va., though pathologists have not generally sustained Lane's extreme views as regards intestinal surgery. All cases of intestinal stasis, Horsley says, should be treated by a competent medical man for several months at least before surgery is resorted to. If, after six months of intelligent medical treatment little or to benefit is obtained, operation medical treatment, little or no benefit is obtained, operation should be recommended. This has been the rule as regards surgery in a group of seventy-four cases dating from Feb. 20, 1912, to Jan. 1, 1917. Reports from patients or physicians of all but three have been received during the last sixty days. In the series are included all of the Coffey, or hammock, tions and all short circuiting operations performed within this period, except for cancer or tuberculosis; but only a few of the cases with bands have been included—only those in which there has been a history of very decided constitution, digestive troubles, and other symptoms making the clinical picture of intesti-nal stasis. The report of the final results largely depend on what the patients think of themselves. This, of course, is not entirely accurate, but it was the best that could be done,

cases have been classified as greatly improved or unimproved.

The term "cured" has been avoided, chiefly because of the comparative newness of the surgical procedures and the possibility of recurrence. The cases marked "improved" are those in which the symptoms have been removed or benefited. The "greatly improved" cases were practically well, or had only one or two minor symptoms while the "unimproved" were those one or two minor symptoms while the "unimproved" were those in which there was no improvement or too slight a one to judge by any classification. The replies from the patients and physicians have been tabulated, but only a few have been reproduced in full. There have been four deaths and three patients have not been heard from. One patient died of pneumonia two years after leaving the hospital, and three died in the hospital, one of pneumonia four days after operation, another patient died of what seemed to be pulmonary embolism twelve days after the operation. There were no post mortem examipatient died of what seemed to be pulmonary embolism twelve days after the operation. There were no post mortem examinations made of either patient. The other case was the only one that could possibly be credited to the technic; this was one of the early cases and could now be avoided. Of the seventy-four cases, there were sixty-one women and fourteen men. The operations were: appendectomy and division of bands, twenty-two; Coffey, or hammock operation, twenty-seven; eccosigmoidostomy, seventeen; Coffey, or hammock operation, and cecosigmoidostomy, five; ileosigmoidostomy, three. Many of these patients had been called neurasthenics and certainly in the class called by some "abdominal neurasthenics," stasis is a frequent cause. Many of these have been practically cured, in others the condition has become too fixed in Horsley's opin-the condition found. the condition found.

In regard to ptosis, the Coffey, or hammock, operation was most satisfactory. Taking the general results of thirty-four patients greatly improved, twenty-four improved and nine unimproved, it speaks pretty well for the operative treatment. All the patients had been treated medically for months and some for years without benefit. In closing, Horsley says that he is impressed with the need of co-operation between the physician and surgeon, especially in the after-treatment, "The regulation of diet, proper methods of personal hygiene, the ingestion of an abundance of water and the administration of liquid petrolatum should be carefully followed. This will be done only under the supervision of the family physician. Before operation, the same measures gave slight if any improvement in this group of cases, but when the pathology was corrected by surgery, they usually produced most gratifying results."—(J. A. M. A.)

Carrel-Dakin Solution Is Best Made With Chlorin-Soda Ampoules

Johnson & Johnson's method of preparing the Carrel-Dakin solution of sodium hypochlorite with Chlorin-Soda Ampoules has placed the Carrel technique at the command of every hospital and surgeon in the country. This method has overcome all the drawbacks heretofore encountered in the preparation of the solution.

Commenting upon the original difficulties of preparation and the present methods, the American Journal of Surgery, editorially, says in its November, 1917, issue:

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In its December, 1917, issue, the same Journal said editorially:

"We have received several inquiries concerning the manufacture of Dakin's solution from chlorin gas and sodium bicarbonate which we referred to editorially in the November issue of the Journal as a great improvement on the original method of manufacture from bleaching powder ('chloride of lime').

"For use on a small scale, as in the patient's home, the sanitarium or the office, the best method of making the Dakin's solution, as far as we know, is with ampoules of liquid chlorin and of soda (Johnson & Johnson method). Thus made, the solution will cost about 30 cents a liter, but it can be made 'on the spot' and very quickly and without any special apparatus, and it involves no initial expense."

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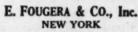
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Poliomyelitis.

Samuel W. Boorstein, New York, gives his observations of last year's epidemic of poliomyelitis as treated in the Fordham Hospital, giving the facilities and regulations of the clinic and Hospital, giving the facilities and regulations of the clinic and the methods of treatment, together with an analysis of the first hundred cases. His conclusions are as follows: "1. The best results can be obtained if each patient is studied individually and controlled from beginning to end. This can be done even in a clinic by taking enough interest in the children. 2. In light massage and muscle training, we have all the facilities for improving these patients without resorting to the mysterious electricity. 3. It is easier to get the assistance of the terious electricity. 3. It is easier to get the assistance of the mothers when electricity is not used than when it is used. 4. The benefit derived from proper use of braces far outweighs the atrophy which it produces. They are especially useful in deltoid paralysis. Braces should be discontinued as early as possible. 5. If proper orthopedic treatments are carried out, there will be marked improvement within a short time, and deformities will be prevented. 6. The earlier the children deformities will be prevented. 6. The earlier the children begin to walk, the quicker they improve, provided, of course, they do not use the limbs excessively."—(J. A. M. A.)

An Effective Therapeutic Remedy for Nervous Diseases.

In the treatment of many nervous diseases it not infrequently happens that the after-effects, or sequelae of the remedy are worse than the disease. This statement applies in particular to the bromides in the forms commonly employed. Valuable to the bromides in the forms commonly employed. Valuable and effective as they are whenever a sedative or anti-spasmodic is needed, they must be prescribed with the utmost care and discretion, else the results, to put it mildly, may be unfortunate in the extreme. Many men know the advantages of Peacock's Bromides but to those who do not it should be pointed out that this high grade product easily stands at the bead of available bromide preparations not only in freedom. head of available bromide preparations not only in freedom from objectionable effects but also in therapeutic efficiency. Extended clinical experience has shown that owing to the

purity and quality of the constituent salts, this combination does not upset the organs of digestion nor give rise to the highly disagreeable condition known as bromism.

The Great American Habit.

"The great American habit," said a prominent physician, "is neither rapid eating, nor dining 'too wisely and well.' The one great habit to which most Americans are addicted is the Toutine use of laxatives and cathartics. Is it any wonder some European doctor has said we are a nation of constipationists!"

Instead of getting relief and correcting constipation, the average person is simply becoming more and more a slave

to the cathartic habit.

To a certain extent this is not surprising for the great majority of remedies are simply "movers" not "regulators."

It was recognition of this fact that led to the preparation of

Prunoids. Here is a remedy that is much more than a physic. Used as the physician's judgment will dictate, according to the needs of each patient, Prunoids will not only move the bowels satisfactorily without the least griping or disagreeable effect but will so stimulate the physiologic processes of the intestinal tract that evacuations will become natural and regular.

Hemihypertrophy.

H. Cohen, New York, reports a case of hemihypertrophy with increased sugar tolerance. The hypertrophy was on the right side, involving the right leg from the middle of the thigh down. It gave no discomfort. The Roentgen examination down. It gave no discomfort. The Roentgen examination showed marked changes in the bones about the knee, ankle, tarsal articulation and tarsal phalanges. The left leg was normal in all respects. Examination of the chest and head showed no enlargement of thyroid, thymus, or pituitary, and there were no functional disturbances in the organs. The sugar tolerance was tested as follows: The patient was given 150 gm. of glucose in coffee by mouth twelve hours after the last meal. The urine was tested for sugar in a specimen the following hour, and for the next five hours and in a complete twentyhour, and for the next five hours and in a complete twenty-four-hour specimen. The glucose given was increased 50 gm. daily until 650 gm. had been given at one time without its appearance in the urine. Following the last test the sugar content of the blood was 0.088 per cent. Cohen advances no theory of his own for the hypertrophy which had gradually increased from birth to adolescence.—(J. A. M. A.)



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Anesthesia.

W. D. Gatch, Indianapolis, after noticing the overcrowding of the medical curriculum, which he says should undergo a constant modification, recognizes the general demand for some instruction in anesthesia which he thinks should not be taught as a separate entity and details the method of teaching which he has followed with success. In the second year a course termed surgical physiology is given in which, with the other subjects which are included, general anesthesia is taught with the conception that its fundamental object is to relieve pain and dangerous muscular movements, while interfering as little as possible with the normal course of respiration and circulation. This makes it easy to impart the essential principles of anesthesia, but also gives an important review of physiology and enables the student in his third and fourth year to administer anesthesia with some degree of intelligence and profit.

as possible with the normal course of respiration and circulation. This makes it easy to impart the essential principles of anesthesia, but also gives an important review of physiology and enables the student in his third and fourth year to administer anesthesia with some degree of intelligence and profit. The course quite naturally deals with the forms of anesthesia to be employed in different cases and the information on regional anatomy required is adequately covered by arrangement with the department of anatomy. The data on which we form a judgment as to the patient's circulatory and respiratory apparatus and general health is obviously a matter to be taught in the department of medicine. If before operating on any patient we always insist on the production of adequate information of this kind and point out its bearings on operative risk, we make ample provision for the training of the student in this phase of anesthesia. The failure of proper organization is the cause of the imperfections of anesthesia. We all know what should be done, but things must be so arranged that every safeguard is provided. In a busy hospital this can only be secured by having an experienced anesthetist with a broad knowledge of general medicine and surgery in charge of the work. He should be consulted by all operators and point out the needs of the case to the interns and medical students, but Gatch believes it a mistake to require him to attend personally to any but the most critical and difficult operations. Otherwise the students will lose an important part of their training, and the anesthetist will have no time to carry on scentific investigations in his specialty. All the necessary theoretical instruction may be presented without deranging or upsetting the curriculum by this method, and he would recommend a minimum of practice in the actual administration of anesthetics should be required of every students graduated.—

(J. A. M. A.)

Pharyngitis Artefacta.

The patient was an unmarried lady, aged 36, who stated that she had been for four years suffering from an almost constant ulcerated sore throat, without difficulty in breathing or swallowing or any change in the voice. On examination it was seen that the mucous membrane of the soft palate, the uvula, the arches of the palate, and the tonsils, were affected in part by apparently submucous whitish infiltration, and in part by ulceration; in other parts the mucous membrane was bright red, in others denuded of epithelium, in others whitish shreds were seen, in others there were patches looking like diphtherial false membranes, and in others like the pricked and collapsed skins of blisters; other patches again were yellowish and even brownish in color, as though strong nitric acid had been applied to them. Though syphilis and pemphigus suggested themselves, no definite idea could be formed as to the real nature of the disease, diphtheria even in its chronic form being excluded by the long duration. It was noted that the lesions terminated abruptly; neither in the fiasopharyngeal nor in the oesophageal cavity, nor in the larynx could anything pathological be detected.

When seen a fortnight lates the action considered her throat

When seen a fortnight later the patient considered her throat better, and though the condition on examination was similar in its general aspect the details were considerably altered. The most characteristic point was still the abrupt termination of the inflammation, with almost parallel borders both above and below, where the parts could cease to be accessible to the patient herself. A statement to the effect that the details of the appearances had much changed led the patient's mother to say that such changes frequently occurred from twelve hours to twelve hours. This confirmed the observer's conviction that the whole affection was self-inflicted. A private conversation with the mother then elicited the information that years before the patient had artificially blistered her breast and at one time blackened her face under the eyes in order to procure sympathy. It was also said that another surgeon who had been consulted had, on a second examination, become convinced that the ulceration was artificially produced. The patient denied the suggestion, though not with much indignation, and refused to go into a hospital for observation. Six months later it was ascertained from the mother that the

ulceration of the throat continued, and that the usual medical adviser of the family had also come to the independent conclusion that a sudden attack of whiteness of the throat and lips had been artificially produced, probably by silver nitrate.—(Brit. Med. J., Aug. 4, 1917.)

Traumatic Neuroses.

Edward E. Mayer, Pittsburgh, discusses the traumatic neuroses with special reference to their medical legal relations. They have become of special interest at the present and Oppenheim reaffirms and amplifies his former views from his experience with the war neuroses. He believes more firmly than ever that we are dealing in some of them with an overstimulation and exhaustion of the nervous system. Other authorities of more or less note have attacked his view and Mayer says that the shock hypothesis of Monakow seems to him a valuable conception. It is well recognized that any catastrophic event may stop the brain from receiving any information and we start, therefore, with the premise that the stoppage of cerebral activity may result after a trauma. This need not be structural any more than syncope is, but it must be of such a degree that the individual cannot adjust himself to it. Emotional reaction and its motor responses follow. The result is similar to the overactivity of cells which in diaschisis causes a physiologic stoppage of function. Once established, harmful emotions keep up their influence in many ways. Unconscious wish factors often determine them.

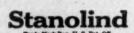
tors often determine them.

Mayer goes over the attempts of classification which have been made. Each case must be judged by itself. He says, we need hardly call attention to the fact that were pension and compensation not involved physicians would not trouble to comment on the traumatic origin of the neuroses, and he agrees with Dercum as to the pernicious influence of litigation. Our method of jury trials is unfair and how to mend it is difficult to say. It tends to multiply so-called medical experts and it is difficult to see how to mend matters. If it were possible to make the compensation of medical experts by making it a part of the expenses of the trial some improvement would be obtained. The jury system seems to put a premium on exaggeration and he would suggest that testimony of all court physicians be placed on file by the county societies, 'Publicity would tend to stop a certain class of medical testimony that is produced under our present systems. A physician finds a great difficulty in securing an opportunity properly to examine a claimant for damages if he is not retained by the claimant's side, and medical legal opinion should not be based on subjective symptoms and only objective opinions should be used or permitted in stating a diagnosis in court. Hypothetic questions will be continued to be used but distorted medical facts, exclusion of important symptoms make them generally of no value.

sion of important symptoms make them generally of no value. If the physician has made an examination of the claimant he should refuse to answer any hypothetic questions unless they included his objective findings and his answer should be predicated on them. While the expert is required to accept as true the evidence included in the hypothetic question, he is permitted to qualify his answer to make it plain that he can have no expert opinion on evidence not agreeing with his objective findings and he should never be satisfied with categoric answers. Most statistics regarding prognosis should not carry much weight in court because of the personal equation of the accident and the social status of the patient and in the different groupings found in statistics and variations in the laws of different countries. In general the physician is not truthful who gives his opinion that a traumatic neurosis of any kind cannot recover. Interested corporations should work to secure a law giving them the privilege of re-examination at any future time; the results of such re-examination, showing that the compensation was based on false claim, would give the court power to reopen the case. The need of a more elastic system governing accident compensation is plain and he commends the physicians and surgeons in Leads, England, who consult before the trial and make it an organization matter, that a member should give full and impartial testimony. They have thus solved much of the problem and Mayer says, "Let us hope that our medical societies may at no distant time establish similar standards of honor and professional conduct.—(J. A. M. A.)

Anedemin in Dropsy.

Anedemin tablets, manufactured by the Anedemin Chemical Company, Chattanooga, Tenn., are for dropsical conditions—a preparation now on the market for seven years, actively advertised and enjoying large patronage in all States among physicians to the number of 60,000 or more. Anedemin is powerful in dispelling the effusion—a complete prescription for the physician, giving satisfactory results for the cause when results are possible.



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Psychoneuroses.

Theodore Diller, Pittsburgh, says that twenty-five years ago practically nearly all the neuroses or psychoneuroses were classifield as hysteria or neurasthenia, but for many years now, there has been a disposition to scrutinize these diagnoses so that they are made now much less frequently. This has been his own experience as regards neurasthenia but not as regards hysteria. He gives a table showing his diagnoses during the period beginning in 1894 and also one of the same number, one thousand, running back from December, 1916. In the second table the term psychasthenia has been introduced and covers a large proportion, while the diagnosis of neurasthenia has greatly diminished in numbers. He also includes in this second of cases of this type are and have been called neurasthenia, hysteria, etc. Diller does not accept the view held by some that it is useless to attempt to differentiate between the psychoneuroses. There are certain clinical and practical differences be-tween psychasthenia, neurasthenia and hysteria, but he admits all sorts of borderland and overlapping cases.

To answer why there is such a great difference in neuras-thenia between the two tables, 127 in the earlier table against thirty-six in the more recent one, he finds that comparison shows that the great majority have been classified in the later records as psychasthenia, there being such a distinct emotional or intellectual change as to make that definition more appropriate, but not all cases have been put in the psychasthenia group. The diagnosis of dementia praecox, which did not apgroup. The diagnosis of dementia praecox, which did not appear at all in the first table, is made sixty-eight times in the second, among which were a considerable number of cases called predementia praecox. Many of them covered in the earlier period would have been classed as hysteria and some of them as neurasthenia and still later, in his experience, some of them would have been called psychasthenia. Probably half or some two-thirds would have been designated as some form of insanity. He often finds in his earlier records the diagnosis of adolescent insanity, which is not far removed from our present conceptions of dementia praecox. He wishes especially to call attention to the sixteen cases tabulated in the latter group called constitutional inferiority. The view has grown on him more and more that mental weakness underlies many cases

nim more and more that mental weakness underlies many cases or grave psychasthenia and hysteria.

We have all seen cases suggesting dementia praecox but have hardly felt justified in classing them as such and those which some call predementia praecox and other states allied to dementia praecox. Constitutional inferiority is deficient emotional tone, but there are no definite boundaries to this classification. It is important to recoming the defeat which cannot be appropriate the defeat which cannot be appropriated to the control of the cont fication. It is important to recognize the defect, which cannot be cured any more than imbecility can, though the hysterical and other symptoms may be cured but still leave the underlying condition. Allied to constitutional inferiority or defect is what is nowadays called temperament. The differential diagnosis between hysteria and dementia praecox has interested Diller for many years and sometimes he has thought it could be made and even be of real value; at other times it has had to be revised. He thinks it is the experience of all of us who have had opportunity for extensive observation to note that have had opportunity for extensive observation to note that hysterical symptoms are really common in dementia praecox, but there are some cases in which a differentiation is of practical importance because a purely hysterical case is more apt to be curable. Diller believes that cases that appear superficially as neurasthenia, hysteria, etc., should be more closely studied for underlying organic conditions, examining and reexamining if necessary. The main point is that after having eliminated organic disease to try to determine as far as possible the original constitutional defect and temperament, realizing that some of the cases will have to be classed as constitutions. that some of the cases will have to be classed as constitutionally inferior.—(J. A. M. A.)

Radium for Mediastinal Tumors.

Malignant new growths are much more common than benign in the mediastinum, according to C. F. Burnam, Baltimore, and a roentgenographic examination of the chest should be made a roentgenographic examination of the chest should be made before the treatment, either operative or otherwise, of any malignant growth is undertaken. The effects of radium on the mediastinal tumors, while not fully considered in this article, form its subject. Other articles covering a wider field are promised. The commonest of the benign growths would appear to be the dermoid cyst. They have usually been diagnosed in life by rupture into a bronchus and the consequent expectoration of hair, teeth, etc. Comparatively little is known as to the relative frequency of the different types of malignant primary neoplasm of the mediastinum.

The necropsy records of Johns Hopkins Hospital seem to

The necropsy records of Johns Hopkins Hospital seem to show that Hodgkin's disease is the commonest tumor of this region, and so far as Burnam has been able to ascertain, there has never been a surgical cure of a malignant medias-

Taken all together, the most frequent of all tinal growth, tinal growth. Taken all together, the most frequent of all kinds of tumor in the chest is aortic aneurysm which must be ruled out, which can generally be done from the history and clinical examination. The initial subjective disturbances of mediastinal tumor are quite variable. Slight discomfort in the chest on exertion and a cough are the most common. There may be hoarseness, difficulty of swallowing, nausea and various other symptoms, and in the later stages dyspnea, cyanosis, dilatation of veins of face and chest, cardiac disturbances, etc. The henion growths may give only mild symptoms. ances, etc. The benign growths may give only mild symptoms for years, but the malignant ones usually have a rapid course. Death is usually from asphyxia.

Mediastinal tumors are recognized: (1) by ordinary physical examination of the chest; (2) roentgenographic and fluoroscopic examinations; (3) direct examinations of the larynx, pic examinations; (3) direct examinations of the larynx, trachea and the esophagus after pressure symptoms have developed. In view of the Johns Hopkins Hospital experience, Burnam believes that as soon as the diagnosis is made radium should be used, and where this is not practicable the Roentgen ray may be tried. Considerable amounts, a gram or more if possible, are necessary to properly carry out the treatments, and lead filters to absorb all but the gamma rays, and definite measured distance from the skin must be secured. In none of the cases he reports was the slightest skin irritation produced, and the exact technic used in each case is given in the report. After a preliminary nausea for a day or two in about half the cases treated, the subjective symptoms are greatly relieved.—(J. A. M. A.)

Penetrating Gunshot Wounds of the Thorax.

Saviozzi relates (Clin. chir., Milan, 1916, xxiv, 941) the clinical details of 28 personal observations of penetrating thoracic wounds due to gunshots. In the treatment of these wounds he had to deal with 17 cases of hæmothorax, 4 of hæmoptysis, 4 of localized emphysema, and I case of generalized subcutaneous emphysema. With regard to hæmothorax the author makes a short survey of the literature to show that numerous questions connected with it, especially coagulability of the blood within the pleura, and the definitive causes have not yet been satisfactorily solved. There is frequently a lesion of an intercostal artery in connection with fracture of an overlying rib, and the author refers to the action of the lung in producing or aggravating hæmothorax which is the actual and producing or aggravating hæmothorax which is the actual and frequent consequence of this arterial lesion.

In 5 cases suppuration ensued as a complication of hæmothorax: 2 empyemas, 1 encysted pleurisy, 1 pulmonary abscess, 1 posterio mediastinal abscess. Four of these cases were successfully operated upon. Of the total 28 cases, 19 recovered and 9 died.

From his study of the 28 cases the author recommends the following treatment: (1) Absolute rest in the semirecumbent position, endeavoring to attenuate the thoracic pains by injections of 0.5 to 1 centigram of morphine; stimulants such as camphorated caffein oil every 4 to 6 hours being given; (2) liquid food; to disinfection of the wound, which is opened without probing; (4) when hæmothorax is so considerable as to cause displacement of the heart and dypsnæa, thoracentesis as to cause displacement of the heart and dypsnœa, thoracentesis is done, keeping uniformly to Dienlafoy's precept of extracting only 500 ccm. of blood at a time, repeating as frequently as necessary; (5) if the thoracic fluid becomes purulent a rib resection should be done; (6) careful intervention with pneumotomy should be done in the accessible parts of the lung. Regarding ligature of the intercostal artery, in order to arrest hæmorrhage it is necessary to make repeated trials before accepting or condemning it definitely, as it is not possible to draw general conclusions from single cases. There is no hope that by improving the technique pneumothorax

is no hope that by improving the technique pneumothorax may be avoided.—(S. G. & O., July, 1917.)

Therapeutic Immunization Conserves Energy.

In the treatment of infections we should always aim to control the infective process at the earliest possible moment. science of immunology teaches us that this can most readily be accomplished by raising systemic resistence to pathogenic bacteria through stimulating the immunizing mechanism. Clinical experience shows that this can be most readily accomplished by the timely application of bacterial vaccines. This method of stimulating the immunizing mechanism does not cause any additional strain on the vital processes but on the cause any additional strain on the vital processes but on the contrary conserves them, because it requires less effort by the cells of the body to develop antibodies under the influence of killed organisms, than when allowed to battle unaided with the live organisms responsible for the infection. So, when confronted with an infectious disease the first thought should be to aid the immunizing mechanism by giving an appropriate vaccine.—(Bacterial Therapist.)

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NO one was ever yet made utterly miserable excepting by himself. We are, if not the masters, at any rate almost the creators of ourselves. —EPICTETUS.

Scientific Treatment

Drug Addiction

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Acute Pancreatitis.

William Linder, Brooklyn, gives the results of experience with thirty-three cases of acute pancreatitis gathered almost entirely in three and a half years, and wishes to arouse an interest in the condition. One should think of acute pancreatitis in every acute case demanding abdominal surgery. There are more cases of the mild or moderate type than of the severe one, and he calls particular attention to these as they often precede the fulminating syndrome. Seventy-six per cent, of the patients in his series were females. The most potent factor is no doubt gallbladder disease and 50 per cent, of his cases were thus associated, and the percentage would probably have been higher had not some of the cases been so desperate that no time was wasted on the condition of the gall-ducts.

Linder credits the anatomic relations of the bile ducts and pancreas with the frequency of this association. The symptoms of the onset are due to celiac shock and diaphragmatic irritation by pressure on an enlarged pancreas and hemorrhagic exudate. The later symptoms are those of a peculiar toxemia of an as yet undefined nature. The symptoms of the acute cases occur suddenly with upper abdominal pain, vomiting, rapid and marked collapse and shock. Marked constipation and abdominal distension simulating intestinal obstruction follow at once. Symptoms of pseudo-ileus progress. The pain, at first excruciating, may abate after from twenty-four to forty-eight hours. Twenty per cent. of the cases give a history of typical biliary colic. In 50 per cent, of mild pancreatic attacks there is a clinical history of light gallbladder dyspepsia. In case the patient survives the first attack, symptoms of gangrene or suppuration may supervene, and the phenomena of upper abdominal peritonitis appear. The moderately severe or mild types can be diagnosed only by a close study and analysis of individual symptoms, and Linder reiterates that to think of acute pancreatitis is to make the diagnosis.

Physical signs are specially described and tenderness in the

Physical signs are specially described and tenderness in the left costovertebral angle is of extreme diagnostic importance and invariably means involvement of the tail of the pancreas. The pain of acute pancreatitis is greater and more lasting than that of authly defect disease and associated with more expectation.

The pain of acute pancreatitis is greater and more lasting than that of gallbladder disease and associated with more symptoms. The operative findings are given as follows: "I. A peculiar odorless 'beef broth' fluid in the peritoneal cavity. This was present in 60 per cent. of our cases. 2. Spots of fat necrosis, which appear as warty, yellowish-white plaques on the mesentery the omentum, or the pancreas. These, when present, are absolutely pathognomonic of acute pancreatitis. Frequently it will be found necessary to expose the pancreas to find fat necrosis. Fat necrosis is explained as follows: Hemorrhage within the gland destroys the acinous epithelium and basal membrane and allows the activated fat-splitting ferment to get into the tissues and split up the fats into fatty acids and glycerin. These fatty acids, when combined with the calcium soaps, which appear as spots of fat necrosis. 3. Marked cyanosis of the small intestine, in the absence of mesenteric thrombosis or mechanical obstruction, is very suspicious and should lead to an investigation of the pancreas. 4. A change in the consistency of the omentum, the loss of its peculiar oily or fatty feel, and the acquisition of a peculiar granular or gritty consistency. This sign was first described by me in 1914 before the Brooklyn Surgical Society. 5. The pancreas is soft, enlarged and thickened and on exposure shows areas of fat necrosis or dark areas of hemorrhagic fluid beneath its peritoneal covering." The prognosis depends on the recognition of mild or severe types, and mortality statistics show the great importance of this. The postoperative course consists of a

strict antidiabetic diet and sodium bicarbonate to decrease the pencreatic secretion. It is well to keep the patient under observation for a considerable time, even years.—(J. A. M. A.)

Poliomyelitis.

In his article on the orthopedic treatment of acute convalescent poliomyelitis, E. D. Ebright, Wichita, Kan., the point specially emphasized is the importance of rest. He would, instead of the usual division of the disorder into acute, subacute and chronic stages, divide the course of the disease into the acute stage, covering the active inflammatory process and usually filling the first four weeks, the subacute stage beginning at the fifth week, covering the time when the cells that have been disabled by light hemorrhage have cleaned up, which should end at the end of four months when the convalescent stage begins at the fifth month, covering the time when the motor cells which have been disabled by deep hemorrhage have recovered. This he would place at the end of two years. The chronic stage begins at the third year, and represents the permanent paralysis of the muscles receiving their nerve supply from the motor cells destroyed by toxemia. Understanding this classification, he holds that the proper treatment of the acute stage would be to prevent afferent impulses to the sensory cells of the central nervous system and thus prevent the diseased motor cells of the anterior horn from receiving any reflex stimulation. All afferent impulses from the entire body, those from the surface as well as those from the deeper structures, should be checked. The complete immobilization of the entire body can be accomplished in the subacute stage by incasing the child in a plaster bed separated so that it could be removed if necessary. The relief afforded by this measure is remarkable.

relief afforded by this measure is remarkable. In the future, if he has opportunity, he will use this method in every case as soon as the diagnosis is certain, and will also put the patient in a dark quiet room, covering the ears to keep out all sounds and also give special care to diet. He gives a table of results in 146 cases at the Seaside Hospital showing the degree of improvement and also the present condition of some of the most important muscles. The most marked improvement is seen in the deltoids and the least in the quadriceps. The muscles of the shoulder recover in the same degree as the deltoids excepting the external rotators, supraspinatus and infraspinatus and tres minor, which seem to be slower. Tables are given showing the distribution of paralyses, degree of improvement, etc. Contrary to the plan of getting the children up as soon as possible, he follows the opposite course and prefers hospital to home or dispensary treatment. It is impossible to carry out the treatment that follows an appreciation of the law that a stretched muscle will not regain its tone

by taking the child to a dispensary every other day.

Electricity has no place in the treatment before the chronic stage and then only a doubtful one. Muscle training or muscle re-education is very valuable in the convalescent and in the chronic stages, but is not indicated in either the acute or subacute stages. It may do harm if used early in the disease by stimulating the motor cells that require rest. Out of 112 cases, eighty-six showed a very weakened condition of the back muscles, and forty-two presented a decided curve. Ebright believes that poliomyelitis, either frank or unercognized, furnishes the reason for most of the cases of scoliosis. Faulty posture alone cannot be attributed as a cause. In his conclusion, he says all treatment of weakened or paralyzed muscles wherever they are situated should be based on the law that a stretched muscle will not regain its tone, and methods and appliances should be used that will keep the muscles in a position of constant relaxation.—(I. A. M. A.)

Neurasthenic Threshold.

Noticing the various and often deprecatory views regarding the neurasthenic by the profession, as well as by the public, F. R. Fry, St. Louis, says that the language of some writers would imply that we go far enough in explaining neurasthenia by calling it a fatigue neurosis. Others undertake to support a psychogenic theory and are willing to define it as primarily a mental disorder. A majority of writers hold that the causation is not to be found in tangible or probable structural changes but that the syndrome is the result of a structurally normal organism reacting (organically) abnormally, and that the ultimate explanation is to be found only in a constitutional defect, a direct hereditary predisposition. For the moment, he says, we must remember, in considering the subject, that the fundamental plot of the nervous system is one of defense and that the instincts and their related emotions have had the leading part. Secondarily we must visualize, as it were, the whole general scheme of reflex performances by which the various species of defense are maintained and co-ordinated. In our clinical studies we find the neurasthenic absorbed in his sensations and disturbed by his abnormal consciousness of them. This means, he never possesses an emotional equilibrium and in this his psychic condition is abnormal.

"As neurologists we all have more or less familiarity with the time-honored contest between psychology and physiology over the causal relations between emotions and visceral reactions and the properties of them the properties of them the surface and the properties and prope

"As neurologists we all have more or less familiarity with the time-honored contest between psychology and physiology over the causal relations between emotions and visceral reactions and the mental states connected therewith, and from the phases of this argument we may try to derive some coloring for the formation of a lucid theory. Or, again, we notice the fatigue reactions of our neurasthenic patient and are impressed with the fact that to a certain extent they may be paralleled with physiologic fatigue, but we are apt to overlook the limits to which these analogies may here be legitimately extended. In short, one of us, affirming a psychic view, fails to sustain his position for lack of a thoroughgoing argument. Another impressed with the etiologic importance of the physical side of the problem, fails to assemble in proper sequence the data to which he should appeal for defense of his position." It so happens now that the modern neurologist is a better psychologist than the physiologist, at least in a speculative way. The physical side of physiology, so to speak, is his greater stumbling block. For example, we cannot grasp the conception of the threshold and the problems involved unless we know in the physiologic sense something of the relation of stimuli and condition of reflexes, rules of conduction, etc. We have reached the place, he thinks, where we cannot proceed profitably without dwelling carefully on the question of threshold. Our attention has been particularly stimulated by physiologic and clinical studies of the glands of internal secretion and the physiologic side of this work has led to more definite conceptions in that the specific substances may determine stimulus influence falls.

Neurasthenia has received much attention from older writers who wrote on its close relation to arthritism, obesity and other syndromes, and the modern writers are reviewing them in the light of the newer data. Considering the work undertaken and its promising results, etc., it is not too much to hope that the neurasthenic and his neurotic associates will receive a more fair consideration. The therapeutic promise is good. The abuses of the well conceived rest method began long ago to show us its proper limitations and the same has happened in regard to psychanalysis. The superenthusiasm in its attempted application has been replaced by a better recognition of its proper value. In our present efforts of hormone therapy we are overreaching again and neglecting our former lessons but our view is broadened and we are obtaining wider conceptions of the neurasthenic reactions.—(J. A. M. A.)

Lame Shoulder.

The great frequency of lame and stiff shoulders, says C. H. Bucholz, Boston, is easily explained by their complicated apparatus and because the parts are easily exposed to danger. It is evident that the peri-articular structures, especially the subacromial bursa, are much more frequently affected than the humeroscapular joint itself, as Kuster and Codman have clearly demonstrated. Bucholz reviews the different forms of bursitis and the indications for treatment. In acute subacrominal bursitis rest is the best treatment, preferably with the arm in a sling or supported in the abducted position. Cases of subacute or chronic subacromial bursitis are very frequent, but in a great majority correct exercise aided by massage and an application of hot air will give good results, though it may often take a long time, as there is a tendency to hyperirritation. It is advisable to begin with short treatments. If adhesions prove too firm, however, forcible breaking up under anesthesia or even opening the bursa may be necessary, but with the ad-

vance method of exercise treatment these cases are rare. The subject of stiff and lame shoulders following injury to the upper extremity has been written on by the author elsewhere. Adhesions here follow muscle retraction and from the commonly used method of fixing the injured arm in the adducted inward rotated position. All depends on a certain degree of external rotation when other motions will promptly follow.

Operative treatment is not especially helpful and is dangerous. Persistent repeated stretching manipulations will help.

Operative treatment is not especially helpful and is dangerous. Persistent repeated stretching manipulations will help, provided the tissues have not been too severely altered. Infectious arthritis of the shoulder joint is in a majority of cases bursitis, but the differentitation cannot be made between the infection and true arthritis at once in all cases. In polyarticular arthritis involvement of one or both shoulders should primarily be considered as true arthritis, though an accompanying bursitis may give more trouble. The causal factors and history should be considered and the former sought out and eliminated. Tuberculosis of the joint may be of the proliferated fungous type, or the degenerative dry type; the former is easily recognized, but the latter may call for a roentgenogram. Generally the atrophy of muscles and bones is much more pronounced than in the other types. Many cases of stiff and lame shoulders are caused by hypertrophic ostearthritis, but very often it is not so much the shoulder joint proper that causes so much of the trouble, but the bony proliferations over the tuberosity, a fact which has received so little attention in the literature. It is more damaging to the function than bony proliferations elsewhere, and makes the patient more liable to chronic inflammation of the bursa. Other conditions mentioned are: Chronic nonadherent subacromial bursitis (Codman's Type III).

Some cases may call for operation, though many heal

man's Type III).

Some cases may call for operation, though many heal spontaneously in time. Baking and massage may relieve pain; muscular massage in any form is contraindicated. Lime salt deposits in the subacromial bursa are still under discussion. In four cases observed by him, he has operated in two and he prefers conservative treatment from his experience. Rupture of the supraspinatus tendon and the roof of the capsule of the shoulder joint have been shown by Codman to be more frequent than has been supposed. Their diagnosis is often difficult. In one of the observed cases massage and gentle active-passive movements relieved the condition in three or four days, but not the other, in whom operation was performed revealing rupture of the tendon and perforation of the capsule. Three cases are reported. The conservative method of treatment is described, and Bucholz, in his observation of over a thousand cases, says that perhaps with the exception of the hand there is no joint mechanism more liable to be injured by irrational treatment. After examination of the function of the shoulder in various positions and conditions to find out how much to adhesions, etc., the treatment is of an essentially soothing character in its manipulations, and the use of hot air for not more than officer minutes will generally give good results.

due to muscular contraction, and how much to adhesions, etc., the treatment is of an essentially soothing character in its manipulations, and the use of hot air for not more than fifteen minutes will generally give good results.

The treatment is carried out as follows: "The shoulder is baked for fifteen minutes, followed by a gentle rub, massage applied to the muscles of the shoulder and upper arm. Then the patient is placed on a couch or table with a pillow under the head and shoulder, and a smaller pillow under the elbow, thus bringing the humerus in a horizontal position. The operator, standing on the side of the affected shoulder, grasps with one hand the patient's forearm, which is flexed in the elbow, while the other hand steadies the scapula, and at the same time one finger rests on the acromion and another on the tuberosity for an exact control of the motion. Now the operator demonstrates to the patient inward and outward rotation, and makes at first a few light active exercises. Then three or four slow resistive movements are made with complete relaxation of all muscles after each single movement. A few gentle massage manipulations follow, and such are frequently repeated, especially with those muscles which show most tendency to spastic contraction. Then, in the same slow manner, abduction, elevation and combined motions are practiced with the fingers, carefully guarding the effect of the exercise on the tuberosity, and its relation to the acromion in every single step. With progressive improvement, the range of motion and the force applied to the resistances may be increased, and quicker motions, pendulum and other apparatus, cane and pulley exercises, applied as the case may require; but we advise against a too early use of such appliances because they are likely to act irritatingly on the bursa, causing pain and muscle spasm and restriction of motion." His paper covers the majority of cases of subacute or chronic bursitis in respect to treatment, with adhesions and retraction of tissue. The progno

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Radioactive Therapy.

A. F. Holding and W. B. Long, New York, say that while there has been some variance of opinion among surgeons as to the value of radiotherapy at present we know certain definite facts about the physiologic activities of radium and the Roentgen ray, and it may be said as regards therapeutic activity they may be favorably compared. The two main effects of their physiologic action are seen on the nucleus of the cell and on the endothelial lining of small blood vessels. The effect on the cell nucleus is seen in preventing a consummation of the mitotic process after it has once started. There is probably no direct effect on the resting nucleus, and if sufficient dosage is given to destroy the malignant nucleus it would also destroy any other nuclei in its range. All the effects of radioactivity on neoplasms can, they think, be explained on these two assumptions. The most marked effects are seen in those new growths composed mainly of nuclei and rich in mitotic figures and which grow rapidly and consequently are rich in small poorly formed vessels. The more purely embryonal the cell is the more easily it is influenced by the rays, as shown by the cells of the ovaries, testicles, lymph nodes and thymus, etc., which must necessarily mature early and be reduplicated in fulfilling the functions of these organs.

early and be reduplicated in fulfilling the functions of these organs.

The authors refer to the squamous cell epithelioma, which is most unsuitable for the radiation as compared with the basal celled epitheliomas. They also contrast the medullary carcinoma of the breast with the true scirrhus and other forms, which are largely composed of connective tissue, as showing the difference in the effect of the rays. They thus sum up their views as to radiotherapy in cancer: 1. All operable conditions, basal cell epitheliomas excepted, should be treated surgically at the earliest possible moment, but should also have the benefit of preoperative and postoperative raying. No case of operable malignancy has had all that can be done for it unless such procedure is followed.

2. All cases of malignancy of whatever nature should be given the benefit of radiotherapy, for if we cannot promise a certain cure it can be effective in increasing the comfort and prolonging the life. They feel urged to suggest to hospital authorities in general and medical boards in particular a more enlightened attitude toward radiotherapy.—(J. A. M. A.)

H. H. Hazen, Washington, D. C., describes the Roentgenray treatment of acne vulgaris which, he says, is certainly due to the acne bacillus, though it is generally believed that the secondary suppuration is staphylococcic. The bacillus grows best in an oily medium and the acne occurs almost exclusively in those who have oily skin, and for years it has been realized and taught that any treatment that would free the skin from this grease is the best to use in acne. It is well known that Roentgen rays cause glandular atrophy, and this theoretically favors the Roentgen-ray treatment. Many dermatologists reported good results from it, but up to the present time no report has appeared in the literature of the treatment of a series of cases by the single dose method.

treatment of a series of cases by the single dose method.

For two years Hazen has been using this method and he reports its good results. "The technic employed is that which MacKee has advised in a series of articles. An interrupter-less transformer, capable of backing up a 10-inch spark gap, and a Coolidge tube have been used in all cases in this series. At first, each dose was measured with a Holzknecht radiometer, but as experience increased, it was found that with a carefully standardized technic this was unnecessary, and that one could depend on the so-called indirect method in the vast majority of cases. In all cases the attempt was made to give just under an erythema dose, since a dose less than this was not so promptly effective, and as even one erythema dose might eventually cause telangiectases. As measured by the Holzknecht radiometer, the proper dose was 3 units, with the pastille at skin distance. This reading was made on the full distance scale of the instrument, not on the separate and distinct half distance scale, on which the reading would have been only one fourth so great. In terms of the indirect measurement, the technic was as follows: The focal skin distance was 9 inches, a spark gap of 7¾ inches; and a milliamperemeter reading of 4 with no filtration was invariably employed. The time was forty-five seconds. With the same technic, it requires one minute and ten seconds to produce complete epilation of the scalp."

Voice Impairment in Tonsillectomy.

From study of the physiology and anatomy of the soft palate and tonsil based on 161 tonsillectomized throats and a study of thirty cases of voice or other disturbance resulting from tonsillectomy Elmer L. Kenyon, Chicago, offers the following con-

clusions in substance: In view of all the facts he brings forth, the operation of tonsillectomy is in a serious situation as far as the medical public is concerned, unless by better technic or better skill the deformities it produces can be diminished. In removing the tonsillar capsule we take out an important supportive structure on which the normal physiologic action of the soft palate largely depends. The uncertainty of operative complications leading to increased deformities is inevitable, and danger to the speaking voice is, in the nature of the operative conditions, inevitable in an unknown percentage of cases, while the danger to the singing voice begins long before that. Further intelligent efforts applied to technic and delicacy of procedure and possibility of greater care in lessening postoperative scar tissue are called for.

conditions, inevitable in an unknown percentage of cases, while the danger to the singing voice begins long before that. Further intelligent efforts applied to technic and delicacy of procedure and possibility of greater care in lessening post-operative scar tissue are called for.

Indiscriminate tonsillectomy on children or adults with singing voices of importance to their possessors is to take risks which the operator himself would not consent to take if appreciating the conditions. The weakness of the present professional attitude in favor of the exclusive employment of the extracapsulary operation lies in the fact that no evidence exists proving that an operation aiming at a clean, complete intracapsular lymphidectomy, that is, complete removal of lymphatic tissue within the capsule, might not prove as capable of eliminating infective dangers as the extracapsular operation. It would not only be free from serious deformity but also a less serious operative procedure. Kenyon pleads, therefore, for a thorough relatively conservative operation which would leave the tonsillar capsule undisturbed. If this idea meets professional favor the operator could make a rational choice between conservative and radical measures and an operation which could always be practically employed when operating on singers.—(J. A. M. A.)

Cancer of the Breast.

Parker Syms, New York, describes the anatomy and physiology of the breast, showing that it is one of the most variable structures in the body, constantly changing in structure and function. It would be impossible to recognize it structurally at any two times. He also describes its embryology as known, altogether showing that it is undergoing constant change during life. Its epithelium is in a condition of unrest. He briefly gives the pathology of chronic cystic mastitis which is in his view the predecessor of cancer. Our present conception of cancer is that it is a growth of more or less atypical epithelial cells, the distinctive feature being the fact that these cells are growing in the stroma outside the basement membrane. To-day we believe that a cancer cell is an otherwise normal functionating epithelial cell which for some reason or other has taken on the faculty of independent growth. Practically all authorities agree that cancer of the breast is made up of cells from the true parenchyma of the gland. He gives the views of prominent authorities as to cystic mastitis being the predecessor of cancer of the breast, and says that usually in these cases the pathologist has studied only the tumor itself, and not the rest of the gland. Prolonged irritation is recognized as one of the most frequent contributing causes of cancer, and the growth of cystitic mastitis is really a response to some form of irritation and a progressive disease that will proceed to malignancy unless its progress is arrested. If we can learn just what are the precancerous stages we can certainly apply that knowledge to the prevention of cancer.—(J. A. M. A.)

Malignant Disease of the Throat.

The following are the conclusions of an article on malignant disease of the throat and sinuses and a review of cases treated by radium and Roentgen ray, by H. K. Pancoast, Philadelphia: "1. In the treatment of inoperable malignant growths originating in cavities such as the mouth, throat and ear, radium therapy is an extremely valuable adjunct, for the reason that it can usually be applied directly to the growth, which is more or less inaccessible to direct Roentgen-ray exposure. This alone is not sufficient, and the growth should also be attacked from every possible direction by cross-firing either by radium or by Roentgen rays, or both. Any nearby area in which metastasis is likely to occur should also be exposed. 2. When implanted directly into sarcomatous tissue, radium usually causes little or no sloughing if the growth responds promptly. 3. It is advisable to produce as rapid subsidence of the growth as possible in order to minimize the possibility of metastasis during the period of treatment. 4. Our experience has seemed to prove that growths insufficiently treated at the periphery may be stimulated to more rapid proliferation at this portion, 5. Sarcomatous growths, especialy in the tonsillar region, are more amenable to treatment than carcinomas. 6. It would be best to continue treatment for some time after the complete disappearance of the growth.—(J. A. M. A.)



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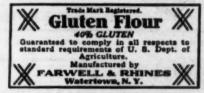
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Botulism.

E. C. Dickson, San Francisco, has collected the statistics of epidemics of food poisoning which he thinks is more frequent than is diagnosed. It is possible that many outbreaks are passed without recognition. An important feature in the recorded cases in this country and in those which he has collected, is the relatively small number in which food of animal origin has been the cause. In eighteen outbreaks where the source of the poisoning was found only seven were traced to animal food while eleven were traced to home or commercially canned vegetables. In Dickson's experiments with four strains of B. botulinus he has found that this toxin can be found in a considerable number of vegetables and fruits and he has experimented with the cold packing system, proving its presence in many vegetables thus prepared. In view of the world's shortage of food and the widespread advice given for the making of home canned victuals he thinks there is a possible danger. The botulism toxin is easily destroyed by heating and all denotes of botulism will be separated from home canned and canned vegetables. In Dickson's experiments with four strains danger of botulism will be removed from home canned prod-ucts if the food is always boiled before eaten or tasted. Home canned vegetables which have been prepared by the cold pack mthod should therefore be served as salad without cooking and it will be safer to reheat all fruit and vegetables that have been prepared by this method even if there is no sign that they have been spoiled, -(J, A, M, A)

Carrel's Method.

W. O'N. Sherman, Pittsburgh, gives a history and description of the method used by Dr. Alexis Carrel for the prevention or abortion of infection. The description of the method which he says has been met with scepticism and neglect in many quarters, largely by others than American surgeons, is detailed. Credit is also due to Daufresne for the latest and most successful modification of the solution used, to which, however. Dakin's name is the only one usually applied. In order thoroughly to

master the method Sherman thinks one should spend at least three weeks observing the treatment. He also gives some space to the use of the method in wounds other than those of war. He has had excellent opportunities to study the various methods of wound treatment used in the base hospitals. Practically every wound seen by him, except those treated by Carrel's method, was infected. Many of the wounded men were sent to their home with existing latent infection present. Carrel's method he says is a proved specific and all military and civil surgeons and nurses should receive three or four weeks' instruction in its use.—(J. A. M. A.)

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houses to enlarge the extent of the formulas. Eli Lilly & Company reports that the demand for ampoule formulas has been increasing to such an extent that it was necessary to greatly enlarge its facilities and also to add to its already long list of formulas. This house has, today, the reputation of offering the most comprehensive line of ampoules produced in this country and already is known, quite apart from its fine reputation as a pharmaceutical and biological concern as the ampoule bouse. gical concern, as the ampoule house.

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The success of Mellin's Food, therefore, depends not upon any one of the food elements of which it is made up, but upon the definite composition of "Mellin's Food as a whole" as a means to enable the physician to modify cow's milk to meet the requirements of infant feeding

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MELLIN'S FOOD COMPANY.

BOSTON, MASS.

Pneumonia.

Many months ago, writes Leonard Williams in the Practitioner, London, a friend said to me, "How do you treat pneumonia?" Having never completely divested myself of my
truculent mid-Victorian training, I replied, "With Faith, Hope
and Charity. Faith, in the medicatrix naturae, Hope, for the
absence of complications, and Charity with those who differ
from me."

"You don't give Digitalis?" "No."
"Nor Calcium?" "Neither."
"Not even thyroid?" "Animal farceur!"

"And you make no local applications to the chest wall?"

"Never."

"Then you are wrong. Listen."

And, being a willing listener, I listened. Some twenty years ago he had seen much hospital work in Paris. At that time in the present of many of the French the treatment of pneumonia the practice of many of the French physicians was to blister the affected side, and he had satisfied himself that the cases thus treated did better than those in himself that the cases thus treated did better than those in which the blistering was omitted, and he adopted the practice in England. After a time, however, largely on account of the objections urged by the patients and their friends to the pain and discomfort produced by the blisters, he rather reluctantly ceased to apply them and reverted to the "expectant" method in which he had been nurtured. Time went by, and one day he received an advertisement of a preparation known as Antiphlogistine, for which it was claimed that when applied to the affected side in pneumonia, either lobar or catarrhal, it had the effect of reducing the temperature, slowing the pulse-rate and promoting sleep without any additional treatment. With the memory of his blistering days full upon him, he decided to give it a trial. His experiences were such as to give him encouragement, and to bring him near to believing that not all men, not even all American advertisers, were necessarily liars. I decided to turn my attention to the claims of Antiphlogis-

tine, which up to that time I confess to having regarded merely tine, which up to that time I confess to having regarded merely in the light of a convenient form of poultice, locally dehydrating, decongestioning and comforting, but probably innocent of any effect upon pulse rates and temperatures. Here again, one case in the history of my conversion must suffice. In November of last year a young Belgian of 20 years was admitted into the French hospital with a temperature of 104 deg., a quick bounding pulse, slight cough and severe pain in the left side. On admission physical examination was negative.

The following day his nose bled, but neither I nor the resident—an experienced Belgian doctor—could detect any signs in the chest. That night he was delirious and coughed a great deal. On the following day he voided some sticky sputum which was typically rusty, and developed labial herpes. Physical examination now revealed the classical duliness and tubular breathnation now revealed the classical dumess and tubular breathing over the lower lobe of the left lung for which I had been looking. His temperature was 105 deg. At about 4 p. m. a gangee jacket thickly spread with Antiphlogistine was applied over the whole chest. The following morning his temperature was normal.

Now, I do not pretend to explain these happenings; for the benefit of the openminded, I content myself with recording them. The clinician must protect himself against the sneers of the laboratorist. That we are unable to follow the processes by which a healing measure produces its effect is a sorry reason for discarding it. The search for a scientific explanation is a laudable and, academically, an interesting adventure, but in practice it is but a sleeveless errand. Trosseau, probably the greatest clinician of any time, has expressed in characteristically simple words the only position proper for us to adopt: "Je simple words the only position proper for us to adopt: "Je ne vois an therapeutique que deux choses: le medicament ap-plique a l'organisme, et le resultat eloigne de cette application. Quant aux phenomenes intermediares, ils nous echappent, et nous echapperont probablement toujours." Who can explain the process by which digitalis works its wonders; and what advantageth him who can?

An Unexcelled Opportunity to Study Heart Diseases.

To many physicians the use of instruments of precision in connection with the diagnosis of cardiac diseases is but little known. To enable medical men to learn the methods of emaffections of the heart, Dr. Louis Faugeres Bishop of the faculty of Fordham Medical School, will admit physicians to his private Cardiac Institute for purposes of study.

To those men who avail themselves of this unusual privilege

will be afforded an opportunity to study under one of the leading cardiac specialists of the country and they will see a wealth of clinical material graphically presented by a master. Doubtless many internists and general practitioners will enroll themselves in Dr. Bishop's Institute at 109 East 61st street, New York.

GLYCEROPHOS COMP

No Sugar

We now have an abundant supply of this prime favorite among the most particular prescribers and dispensers.

For a time we could not get any of the super-quality calcium glycerophosphate without which no preparation of these salts will keep well; and we would not use an inferior grade of calcium glycerophos, hence had no alternative but to temporarily withdraw this product from the market.

But we now have an abundant supply and are shipping large quantities out to the drug-trade. Please ask your druggist if he has rec'd his new stock.

Quality Glycerophos. Comp. SHARP & DOHME

WILFORD HALL Laboratories

The most modern plant in America for the manufacture of Surgical Dressings, Plasters, Medicated Soaps, etc.

Port Chester,

New York

LISTERINE

A trustworthy, unirritating solution composed of volatile and non-volatile antiseptics extensively and satisfactorily employed in dilution up to 25% as a wet dressing for surgical and accidental wounds.

LISTERINE

Suitably diluted, applied by injection, douche or spray, often serves a useful purpose in catarrhs and conditions involving hyper-secretion from mucous surfaces. It is an efficient deodorizer.

LISTERINE

On account of its boric and benzoic acid constituents, forms a suitable lotion in dermatitis following vaccination. In various cutaneous disorders, its use allays excessive itching or irritation, and promotes cleanliness while exercising its antiseptic effect.

Descriptive literature on request

LAMBERT PHARMACAL COMPANY

Twenty-first and Locust Streets

St. Louis, Mo., U.S.A.

To Obtain Alcohol.

Under the War Revenue Act of October 3, 1917, which went into effect, December 1, 1917, hospitals, sanatoriums and physicians who use alcohol for non-beverage purposes are required to file a bond and obtain a permit from the revenue authori-This law is being administered in connection with the Food Control Act of August 10, 1917, and applies to every one handling alcohol. Heavy penalties are provided for non-com-pliance with or violation of the law. Physicians should make themselves conversant with the requirements if they have not

themselves conversant with the requirements it they have not already complied with the law.

Every physician who wishes to buy alcohol U. S. P. for his own use must get a permit from the U. S. Internal Revenue Office, file a bond and state in his application blank for what purpose he intends to use the alcohol. This applies whether it is for washing his hands or for preparing stains for laboratory use, or for any other purpose for which he desires to use grain alcohol without having it medicated or in some manner denatured.

A physician cannot purchase more than one pint of alcohol that has been medicated without obtaining a permit. The revised regulations covering the use of non-beverage alcohol are

Hereafter, pharmacists who hold permit and have given bond will be permitted to sell non-beverage alcohol without a physician's prescription, to persons who do not hold permits and who have not given bonds under the provision of Treasury Decision 2559, in quantities not exceeding one pint, but not in advance of orders, provided they first medicate the same in accordance with any one of the formulae recited below:

with any one of the formulae recited below:

1. Carbolic acid 1 part, alcohol 99 parts.

2. Formaldehyde 1 part, alcohol 250 parts.

3. Bichloride of mercury 1 part, alcohol 2,000 parts.

4. Bichloride of mercury 0.3 grains, hydrochloric acid 60 cc., alcohol 649 cc., water 300 cc.

5. Bichloride of mercury 1½ grains, hydrochloric acid 2 drams, alcohol 4 ounces.

Formaldehyde 2 parts, glycerin 2 parts, alcohol 96 parts. Carbolic acid 1 dram, tannic acid 1 dram, alcohol 1 pint,

water 1 pint.

8. Alum ½ ounce, formaldehyde 2 drams, camphor 1 ounce,

alcohol and water each 1 pint.

9. Lysol 1 part, alcohol 99 parts.

10. Liquor Cresolis Comp. (U. S. P.), 10 cc., alcohol 1,000 cc. The container of such alcohol will bear a "poison" label. In compliance with the regulations as to applications for permits, where the manufacturer desires to make United States Pharmacopeia or National Formulary products, the permit may be approved by the Collector of Internal Revenue without submitting the matter to this office, and as to such products a state-ment of the names by classes such as "tincture" "extracts," etc., and that they conform to the standards above specified will be sufficient without any further description or statement of

formula. In the case of alcoholic medicinal compounds which are not in conformity with the United States Pharmacopeia or National Formulary, the manufacturer will file with the collector when requesting when requesting a permit for the use of non-beverage alcohol, the following data in duplicate:

The name of the preparation, by whom manufactured, for whom manufactured in cases where same is not placed on the market by the manufacturer, the advertising matter distributed with the preparation, the percentage of alcohol by volume contained in the finished product.

A sworn statement in duplicate must be furnished that the medicinal compound contains no more alcohol than is necessary.

medicinal compound contains no more alcohol than is necessary for the purpose of solution or preservation, that it contains in each fluidounce a dose as a whole or in compatible combina-tion of one or more agents of recognized therapeutic value, that it contains no agents either chemically or physiologically incompatible with the active medicinal agents upon which the medicinal agents upon which the medicinal agents upon which the medicinal claims are based, and that it is not a beverage and is not to be sold or used as a beverage. The Commissioner of Internal Revenue reserves the right, when in doubt as to the non-beverage character of the preparation, and the applicant accepts such reservation, to demand at any time the formula and process by which the article is manufactured.

Camphor in Oil in Pneumonia.

Camphor when added to culture media even in the proportion of 1 to 10,000 inhibits the growth of pneumococci. series of experiments on rabbits in which an emulsion of pneumococci was injected intravenously, showed that injections of camphorated oil retarded death from two to five days in all and in 50 per cent. of the cases prevented it. Clinical experience has demonstrated that hypodermatic injections of cam-

phor are not toxic. A prominent physician of New York City has given over four thousand injections of camphor in oil, sometimes given over four thousand injections of campior in oil, sometimes giving as high as one hundred and fifty grains daily to one patient without any symptoms of poisoning.

Camphor hypodermatically exerts an inhibitory action on the pneumococci in the blood stream and appears to have an anti-

It is recommended that a dose of 10 units be injected as soon as possible after the initial chill and repeated every eight hours except in bilateral pneumonia and in cases with severe

hours except in bilateral pneumonia and in cases with severe toxemia in which injections of fifteen to twenty mils should be given every six to eight hours. When temperature, pulse and respiration become normal, injections can be made every twenty-four hours until the lungs begin to clear up.

Eli Lilly & Company supplies Ampoules No. 28 Camphor in Oil. Each ampoule contains 10 mils of solution representing 36 grains of camphor. The fine reputation for quality enjoyed by Eli Lilly & Company, known as The Ampoule House, is assurance to the physician that in specifying Lilly Ampoules there can be no doubt of the therapeutic activity of the preparation. aration.

Our readers are referred to Eli Lilly & Company for further information on this or other subjects pertaining to ampoule medication. It is said that this concern offers the most complete line of American-made ampoules to be found in this country.

The Use of Natural Ice.

One of the best opportunities of conserving ammonia is made available by the substitution of natural ice for the manufactured product. This substitution is being provided for throughout the country, and it is expected that a very large percentage of the ice used next summer will be ice that the Food Administration is encouraging people to harvest now from rivers and ponds wherever possible. A serious obstruction in the way of this splendid opportunity

of providing an urgently needed chemical for our Army and Navy is caused by the fact that several large cities have re-strictions against the use of natural ice. It is obvious that municipalities should not permit the use

There is much misapprehension and prejudice of polluted ice. of politice ice. There is much misapprenension and prejudice concerning the use of natural ice that careful consideration and study will dispel. To any Boards of Health, etc., interested in this subject, the Food Administration will be glad to send any of the following booklets (Published by Natural Ice Association of America, 18 East 41st street, New York City).

Status of Scientific Opinion of the Purity of Ice.

The Effect of Handling and Storage on the Safety and

Purity of Ice.

Non-Relation of Natural Ice to Typhoid Fever and

Dysentery.
The Purity of Natural Ice.
The Bacteriology of Ice.
The Sanitary-Chemical and Bacteriological Examination

of Natural Ice.

Melted Natural Ice Compared with Bottled Spring
Water for Drinking.

The Study of the Purity of Natural Ice from Polluted

Melted Natural Ice vs. Bottled Spring or Distilled Water

for Drinking.

Bacteria in Natural Ice.

Natural Ice and the Public Health.

Factors of Sanitary Safety in a Natural Ice Supply.

Water from Melted Natural Ice for Domestic Use.

Food Inspection in Cincinnati.

For those interested in public health matters the article in the International Clinics by Landis has an important place. He gives in some detail the trials and tribulations of the health officer in his effort to bring about the proper protection of perishable foods. He points out that the greatest obstacle to progress in this, as in other public health measures is the political system prevalent in most of our large cities. As to the business man Landis is convinced that he has undergone As to the radical change and is now anxious to conform to the health regulations.

The results obtained in Cincinnati have been highly satis-Comparatively little time is now required in the police factory. court, where formerly it was an everyday affair.

I have been reliably informed by school men that in less than ten years there will not be enough physicians in country to care for the sick.—(J. H. Peak, Amer. Med.)

Carrel-Dakin Solution Is Best Made With Chlorin-Soda Ampoules

Johnson & Johnson's method of preparing the Carrel-Dakin solution of sodium hypochlorite with Chlorin-Soda Ampoules has placed the Carrel technique at the command of every hospital and surgeon in the country. This method has overcome all the drawbacks heretofore encountered in the preparation of the solution.

Commenting upon the original difficulties of preparation and the present methods, the American Journal of Surgery, editorially, says in its November, 1917, issue:

"To prepare the sodium hypochlorite solution of proper strength and reaction from 'chloride of lime' required a skilled chemist to titrate various samples of each mixing, settling, filtering and again titrating. Now, however, that the solution can be made accurately, quickly and very cheaply from liquid chlorin and sodium bicarbonate—the chlorin escaping through a meter into a simple solution of sodium bicarbonate—the preparation of the fluid loses all of its terrors and most of its errors. The Carrel-Dakin method of treating wound infections is the most important contribution of military to civil surgery that has come from this war, thus far."

THE BEST METHOD

In its December, 1917, issue, the same Journal said editorially:

"We have received several inquiries concerning the manufacture of Dakin's solution from chlorin gas and sodium bicarbonate which we

referred to editorially in the November issue of the Journal as a great improvement on the original method of manufacture from bleaching powder ('chloride of lime').

"For use on a small scale, as in the patient's home, the sanitarium or the office, the best method of making the Dakin's solution, as far as we know, is with ampoules of liquid chlorin and of soda (Johnson & Johnson method). Thus made, the solution will cost about 30 cents a liter, but it can be made 'on the spot' and very quickly and without any special apparatus, and it involves no initial expense."

SUPPLIES YOU NEED

The Chlorin-Soda Ampoules are supplied only in sets containing three ampoules of liquid chlorin and three tubes of sodium salts (sufficient for three liters of Carrel-Dakin solution.)

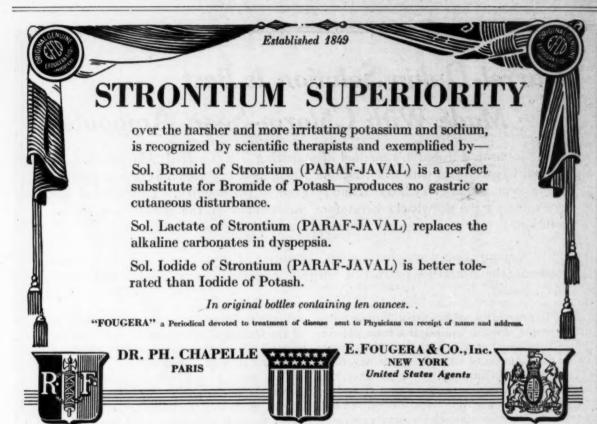
You will also need an Ampoule Holder and a Protective Bag. Include these items in your first order to your dealer.

Chlorin-Soda Ampoules, Johnson & Johnson, may be obtained through physicians' suppply houses and the drug trade.

SEND FOR FREE LITERATURE

Johnson & Johnson

New Brunswick, N, J., U. S. A.



Thrift, the Indispensable Prerequisite of Victory.

Nearly everyone will remember the ancient fable of King Midas to whom it was vouchsafed that whatever he touched should turn to gold. Whereupon the venerable and greedy monarch approached the brink of the grave from starvation and was only saved at the last moment when the gods withdrew his magic gift.

But a great many people still believe that gold, or money, can feed and clothe armies and navies, though King Midas couldn't live by it; can produce ships and shells and guns by some process of alchemy which they don't pretend to explain. The fact is of course, that money (and the same holds true of bonds, even Liberty Bonds) produces no more than do poker chips or brass checks or any other convenient tally. It is equally as edible; it kindles no better fire; it can be shot from French 75s with about the same effect. Civilization has simply confused our mind with its complications. But if we go back confused our mind with its complications. But if we go back to first principles the case becomes clear. No one ever ac-

to first principles the case becomes clear. No one ever accused the Indians of making war with wampum.

The things which are productive, which do count, whether in the support of King Midas or Uncle Sam, are goods and services, things to eat and wear and shoot and the human labor which produces and consumes them. Only, this labor must produce more than it consumes, since it is on this surplus alone that the army and navy and all related services, whether at home or in France, subsist and function. Every loaf of bread and bag of coal which our present economy provides is grist to their mills; every servant we can give up who might be employed in a munition plant or on the farm—and this applies to bootblacks and delivery boys and the many others who pander to the laziness of all of us, as well as to butlers and ladies' maids and chauffeurs; and every minute of our own labor which we could make more productive strengthens

and ladies maids and chauffeurs; and every minute of our own labor which we could make more productive strengthens the nation's fighting machine.

"The gospel of goods and services is the gospel which, in season and out of season, the National War Savings Committee has been preaching throughout Great Britain for the last eighteen months. The war can be paid for only out of savings.

These are the words of Basil P. Blackett, of the British Treasury, in an address before American bankers last Sep-

tember. On this same occasion he also said: "These resources cannot be increased by any juggling of finance. It does not matter to the gunner whether the shell which he is firing cost half as much or twice as much as it would have cost in 1913. What matters is that he should have

It is the duty of every man, woman and child in the United States to produce more and consume less, and then to pass over to Uncle Sam through the purchase of Liberty Bonds the savings he has effected in this two-fold manner. The next the savings he has effected in this two-fold manner. The next sale of Liberty Bonds can be of no value to the Government unless those savings of goods and labor are now being made for which the money which the Government borrows can be exchanged.

In a war which is taxing the capacity of every nation engaged, thrift becomes the indispensible prerequisite victory.

Meat Juice in France.

18th REGIMENT OF INFANTRY, PAU, FRANCE. Two soldiers just convalescing from typhoid fever and exhausted from the effects of the campaign and the serious diseases which brought them to the hospital, were each given three bottles of Valentine's Meat-Juice—two teaspoonsful a day. This treatment was remarkable in its results, as one could see daily an increase in vital force coincident with a general improvement of appetite and excellence of digestion. general improvement of appetite and excellence of digestion. Other bottles were given wounded soldiers who were extremely exhausted through the privations incident to the campaign and profoundly anæmic on account of the suppuration of their wounds. To these men, so poorly nourished before arriving at the hospital, Valentine's Meat-Juice restored strength and stimulated the functions of the stomach. It is not alone with military patients that I have had occasion to test this excellent product. I have used it in my civil practice, and even in my own family for serious maladies of anæmics. and even in my own family for serious maladies of anemics and with convalescents from painful pregnancy. I have always been well pleased with the excellent effects of Valentine's Meat-Juice.

Assistant Surgeon-Major, Depot of the 18th Infantry Regi-ment at Pau.



PROPERTIES consist of 30 buildings—accommodations for 1,200 patients

-20 acres of beautiful shady lawns—model dairy—extensive farm and
greenhouse systems—pure artesian water supply—large staff of specializing physicians, nurses, dietitians, physical directors and general assistants—
wholesome, nutritious bill of fare—thoroughgoing diagnostic methods—complete, modern therapeutic equipment—splendid facilities for outdoor recreation.

THE BATTLE CREEK SANITARIUM

Box 335 Battle Creek, Michigan

USE VACCINES IN ACUTE INFECTIONS

The early administration of Sherman's Bacterial Vaccines will reduce the average course of acute infections like Pneumonia, Bronchopneumonia, Sepsis, Erysipelas, Mastoiditis, Rheumatic Fever, Colds, Bronchitis, etc., to less than one-third the usual course of such infectious diseases, with a proportionate reduction of the mortality rate.



Sherman's Bacterial Vaccines are prepared in our specially constructed Laboratories, devoted exclusively to the manufacture of these preparations and are marketed in standardized suspensions.

Write for literature.



Liquid Peptonoids with Creos

has been demonstrated to be a thoroughly dependable product. It combines the active and known therapeutic qualities of Creosote and Guaiacol, with the nutritive properties of Liquid Peptonoids. It is extremely agreeable to the palate and acceptable to the stomach. The peculiar ability of

Liquid Peptonoids with Creosote

to check a persistent, "hang-on" Winter cough-should be remembered. It acts as a bronchial sedative and expectorant. SAMPLES ON REQUEST

THE ARLINGTON CHEMICAL COMPANY YONKERS, N. Y.

Dropsy.

The physician who keeps at all times the best interests of his patient in mind, realizes that dropsy is not only a symptom to be relieved, but a condition to be removed. Since dropsy is the result of a failure on the part of the cardiac and renal functions and generally occurs when some organic affection of these organs has become established, it is important to select therapeutic agents whose action is beneficial without any accompanying harmful effects. So good an authority as Hare (Practice of Medicine, Page 530) refers to a very useful prescription in the form of a tablet composed of extract of sourwood leaves, extract of elder flowers, and extract of squill. Such a combination has long been at the disposal of the medical profession in the form of Anasarcin Tablets.

Anasarcin is a heart stimulant and diuretic. It strengthens and controls cardiac action, exercises a marked diuretic effect, and promotes the excretion of salt and other urinary solids. It The physician who keeps at all times the best interests of his

and promotes the excretion of salt and other urinary solids. It is standardized, absolutely non-toxic, has no cumulative action, and can be given for long periods of time without difficulty. Furthermore, its dosage can be adjusted accurately to each individual case

individual case.

Ansarcin Tablets will be found of great service in the treatment of ascites, dropsy that results from cardiac disease, chronic Bright's disease, or that follows scarlet fever, also in cardiac neuroses, exophthalmic goitre, and conditions in which a reliable cardiac tonic and stimulant is required.

Scientific literature and clinical reports, together with samples sufficient for trial will be sent to any physician gratis, on request to the Anasarcin Chemical Co., Winchester, Tenn.

Free to Physicians.

The Dentinol & Pyorrhocide Company, 1480 Broadway, New York City, will send to physicians (free of cost) a set of photographic reproductions showing various stages of pyorrhea. The pictures are 10x12½ inches. We are informed by the publishers that this is the only collection of pictures ever produced

lisher's that this is the only collection of pictures ever produced for the purpose of educating patients as to the relationship of an unclean mouth to systemic disease.

The Dentinol & Pyorrhocide Company has been prolific in the distribution of educational literature for a number of years. This last contribution is an important one and should be in the hands of every physician who is interested in the subject of pyorrhea, and in broadening the patient's perspective in matters pertaining to oral hygiene.

As the edition is limited we would advise sending an early request for free copy. Address Dept. "C".

Hygiene of the Teeth and Mouth.

Hygiene is the science of health maintenance and personal hygiene is not the least part of this science. Perhaps of all the many phases of personal hygiene that of the mouth and teeth is the most important.

The mouth is the portal of the body and infection through the mouth is one of the most frequent forms. Possibly, re-garded from the standpoint of efficiency, the modern mouth is somewhat out of adjustment with modern conditions or rather modern conditions are out of adjustment with it. Although modern conditions are out of adjustment with it. Although bacteria flourish within the mouth, its secretions and mucous membrane do not seem to exert the protecting power that they

exert in an animal in a state of nature.

There are two main forms of menace to the health of the individual which prevail in the mouth. One is dental caries which affects the tooth proper and the other is pyorrhea alveolaris which is an infection of the root of the tooth and which care do to the ground the ground the care do to the ground the ground

weolaris which is an infection of the root of the tooth and which spreads to the gums.

Decay of the teeth and pyorrhea alveolaris are direct and indirect causes of auto-intoxication which in turn brings about many obscure affections. While it would be absurd to pretend that all the ills to which flesh is heir are due to mouth infection, there are more than enough of these to justify a vigorous and world-wide campaign for a better care of the teeth and mouth and for a thorough search for mouth infection in every case of obscure disease.

mouth and for a thorough search for mouth infection in every case of obscure disease.

In the meantime, scrupulous cleanliness of the teeth and mouth will largely prevent disease from these sources. There is no better mode of prevention than by the use of a solution of Dioxogen which combines bactericidal powers of a high order with thorough cleansing and disinfecting properties. But a mouth teeming with bacteria is not only an ever present source of danger to the health of the individual himself, he is also a potential menace to the community. He will easily contract infectious disease and may spread it by direct contact. Thus proper hygiene of the teeth and mouth is a matter that concerns the public. Everybody should be taught that it is his or her bounden duty to society at large to keep the teeth and mouth in a sweet and wholesome condition-

The sexual appetite is distinctly lowered in obese persons, according to Dyce Duckworth. On the other hand, inertness of the sexual organs may in its turn favor the deposition of fat. This reciprocation, however, is by no means a constant one.

Stanolind Liquid Paraffin

In Gynecology

Stanolind Liquid Paraffin is an ideal, odorless agent in which to suspend the powerful, antiseptic astringents, employed in gynecological work.

Its adaptability as a vehicle for astringents makes it the more convenient to use them in the treatment of inflammations of the vagina, cervix and endometrium.

Stanolind Liquid Paraffin combined with ichthyol, and similar products, is an excellent agent to apply to the inflamed vaginal surfaces, by means of tampons of cotton-wool.

Stanolind Liquid Paraffin also is indicated in the treatment of constipation and intestinal stasis.

Stanolind Surgical Wax For Injuries to the Skin

While it is more generally used in the treatment of burns, it also is employed successfully in the treatment of all injuries to the skin, where, from whatever cause, an area has been denuded—or where skin is tender and inflamed—varicose ulcers, granulating wounds of the skin, etc.

Surgeons will find it useful to seal wounds after operations instead of collodion dressings.

dion dressings.

It maintains the uniform temperature necessary to promote rapid cell growth.

It accommodates itself readily to surface irregularities, without breaking.

Stanolind Petrolatum For Medicinal Use

in five grades to meet every requirement.

Superla White, Ivory White, Onyz,
Topaz and Amber.

Stanolind Petrolatum is of such distinctive merit as to sustain the well-established reputation of the Standard Oil Company of Indiana as manufacturers of medicinal petroleum products.

You may subject Stanolind Petrolatum to the most rigid test and investigation you will be convinced of its superior

STANDARD OIL COMPANY

(Indiana)

Manufacturers of Medicinal Products from Petroleum

72 West Adams St.

Chicago, U.S.A.

Report of the Surgeon General, U. S. Navy.

In his annual report of the fiscal year 1917, Surgeon-General W. C. Braisted, U. S. N., says: "The Naval Reserve Force has at present (the report is dated Oct. 1) a total of some 800, which, with the 760 officers of the Medical Corps (commissioned or recommended for commission), ninety-four members of the Medical Reserve Corps, 114 retired officers, twenty-three acting assistant surgeons and sightly six medical officers, of the Newlind o Medical Reserve Corps, 114 retired officers, twenty-three acting assitant surgeons, and eighty-six medical officers of the Naval Militia and National Naval Volunteers affords a total of 1,800 officers available for duty of one kind or another." Offers of service for dental duty in the present emergency have been, relatively, even more numerous than offers of medical assistance * * * with the result that over eighty officers are now commissioned or recommended for commission as dental surgeon, probationary appointment, U. S. N."

Five large Navy base hospital units have been manned and equipped through the generous aid of the Red Cross, which institution has erected in the grounds of the New York Naval Hospital a steel building for the housing of its stores.

The following summary of the medical organization for

The following summary of the medical organization for war in actual operation in a certain naval district is submitted to illustrate how members of the Medical Corps, in its various subdivisions, are actually employed. The names of places

subdivisions, are actually employed. The names of places given are fictitious, but represent actual localities:

Camp H, having a force of 1,200 officers and men, requires the services of one medical officer, National Naval Volunteer; two medical officers, U. S. Naval Reserve Force; one dental surgeon, U. S. Naval Reserve Force. Receiving Station I, having a force of 2,000 to 2,500 officers and men, requires the services of two medical officers, N. N. V.; two medical officers, U. S. N. R. F.; two dental surgeons, N. N. V.; one pharmacist, N. N. V. Training Station J, having a force of forty-six officers and men, requires the services of one medical officer. U. S. N. R. F. Camp K, having a force of 500 officers. officer, U. S. N. R. F. Camp K, having a force of 500 officers and men, requires the services of one medical officer, U. S. N. R. F. Air Station L, having a force of 300 officers and M. R. F. Air Station L, having a force of 300 officers and M. R. F. Air Station L. N. R. F. Air Station L, having a force of 300 officers and men. requires the services of one medical officer, U. S. N. R. F. Radio School M, having a force of 1,200 officers and men, requires the services of one medical officer, U. S. N. R. F.; noe dental surgeon, U. S. N. R. F. Cadet School N, having a force of sixty officers and men, requires the services of one medical officer, U. S. N. R. F. Section Bases O, P, Q, R, S, T, U and V, having an aggregate of 1,350 officers and men, require the services of one medical officer, U. S. N., retired; thirteen medical officers, U. S. N. R. F.; two medical officers, N. N. V.; two dental surgeons, U. S. N. R. F.; one pharmacist, N. N. V. Interned ships W, X and Y, having an aggregate of 838 officers and men (skeleton crew), require the services of six medical officers. To visit recruiting offices throughout district, two dental surgeons, U. S. N. R. F., are employed. employed.

employed.

The following emergency hospital construction, at a total estimated cost of \$4,000,000, was begun as soon as appropriations were available and the necessary specifications and plans could be gotten up: Portsmouth, N. H.—Nine buildings, consisting of five pavilion wards, nurses' quarters, Hospital Corps, garage, subsistence facilities to increase the capacity of that institution so as to handle a hundred additional patients. Newport, R. I.—Thirteen buildings, six pavilion wards, nurses' quarters, quarters for Hospital Corps, garage, subsistence facilities for immediate increase by 330 beds. Navy Yard, League Island.—Twenty-four hospital buildings, including five pavilion wards, with toilets and wash rooms, nurses' quarters, Hospital Corps barracks, quarters for civilian employees, quarters for medical staff, operating building, administration building, mess halls, kitchens, storehouses, garage, laundry, dispensary building and appropriate heating plant to accommodate 200 patients. Norfolk, Va.—Twenty buildings, fourteen pavilion wards, four barracks for Hospital Corps, two subsistence buildings, to give an increase of 420 beds. Here the contagious camp will be increased by 400 beds, distributed in twenty-five buildings of the bungalow type. Charleston, S. C.—Twenty-four buildings, five pavilion wards, and buildings and equipment as in the case of the navy yard, League Island, to accommodate 200 additional patients. Pensacola, Fla.—Twenty-four buildings, five pavilion wards, etc., as for Charleston, S. C. Work has been rapidly pushed on all construction, and many of the buildings are fully ready for occupancy. Through the influence of the war the personnel of the Hospital Corps has grown from a strength of 1,585 on July 1, Island.—Twenty-four hospital buildings, including five pavilion

pital Corps has grown from a strength of 1,585 on July 1, 1916, to "over 6,000" by July 1, 1917, and "for the first time in the history an adequate number had enlisted." On July 1, 1917, the Navy Nurse Corps numbered 425, of these 231 being members of the Reserve Corps. On Oct. 1 the total strength

of the nursing force had increased to 550.

Eleven pages of the report are devoted to sanitary measures and conditions afloat and is its most interesting section.

Among the topics discussed are the improvement of battle dressing stations, auxiliary electric lighting circuits for operating rooms and battle dressing stations, a proper substitute for the white uniforms for officers and men, tropical headgear for the Navy and Marine Corps for shore duty and an emergency ration. The cafeteria system of messing is recommended for

all ships.

P. A. Surg. R. W. McDowell, U. S. N., has made a report on submarines and the service aboard these ships, in the course of which he comments "on the marked physical deterioration manifest in many young officers of his acquaintance since he was first associated with them at the Naval Academy. As a measure to stimulate interest in physical exercise out of doors and to compel them to take it, he makes the suggestion that, instead of the monthly physical exercise for officers hitherto in vogue, officers be permitted to choose the form of exercise they prefer, as walking, tennis, golf, swimming, horseback or bicycle riding, rowing, skating, handball, basketball, baseball, etc., and be required to be engaged in some such form of exercise for a minimum number of hours per month, based on their ages. For example, officers between twenty and thirty years of age might be required to do a minimum of fifteen years of age might be required to do a minimum of fifteen to twenty hours' exercise a month, those between thirty and forty a minimum of twelve hours a month, etc. The monthly walk, required up to the commencement of the war, was universally regarded as more of a task than a benefit. If he went alone with his thoughts, or if he went in company with another officer, with whom he was sure to discuss features of williams. If he was a sure to discuss features of williams with a softeen was like the affect was the same base to be sure that the same of the s another officer, with whom he was sure to discuss features of military life, the officer usually came back physically weary and mentally unrefreshed. When the compulsory physical exercise is resumed it would seem the part of wisdom to consider carefully the psychical side of the subject and to authorize and encourage those forms of physical exercise which call into play something more than the mechanical movement of the limbs.

The health statistics of the Navy for 1916 show 998.22 admissions and readmissions for all causes per 1,000 of personnel, missions and readmissions for all causes per 1,000 of personnel, the deaths being 4.83 on the same basis and the total sick days 11,674.18. The leading causes of deaths in 1916 were: Drowning, 74; tuberculosis, 39; pneumonia, 18; burns, 11; gunshot wounds, 27; and nephritis, 9. In considering the leading causes of death in the Navy we find that drowning again heads the list. Of the seventy-four deaths due to this cause five were suicidal and thirty-six occurred at the time of the disaster to the U. S. S. Memphis in the harbor of Santo Domingo, August, 1916.

Strontium Salts Preferable.

The busy physician is apt to overlook the fact that the continued use of such alkalies as potassium and sodium for any length of time is apt to produce prejudicial effects owing to the physiological action of such alkalies, which is to break down normal tissue. The use for any length of time in any considerable dosage, of bromide or iodide of potassium or sodium is apt to be followed by gastric and cutaneous disturbances.

The fact has been noted that strontium does not exert such a marked effect as potassium or sodium, hence the use of bromide or iodide of strontium is in many cases at least to

be preferred.

The physician who is interested in securing the best results with the least prejudicial effect from such medication will do well to acquaint himself with the solutions of bromide, lactate and iodide of strontium (paraf-javal).

These products are elegant examples of the efficiency of French pharmacy and deserve a careful trial.

Information and literature regarding these strontium products can be had by addressing E. Fougera & Co., Inc., 90 Beekman street, New York City.

Diet and Disease.

W. Salant, Washington, D. C., calls attention to the increasing evidence of the role which diet plays in the causation of disease. He refers also to the investigations of Hunt whose results indicate the importance of diet as a factor in deterresults indicate the importance of diet as a factor in determining the toxicity of some poisons. In experiments on mice that were fed a large number of different substances, Hunt found that the reaction to acetonitril varied considerably with different diets, some of which increased the resistance and others lowered it. Salant also refers to a number of papers by himself in conjunction with colleagues having a bearing on this subject. While our knowledge of the relation of diet to the action of poisons is as yet in its infancy, he offers the evidence collected in this article as a stimulus to further investigation of a difficult but very important subject full of promise of valuable results to medicine.—(J. A. M. A.)

The Rational Treatment for Colonic Diseases

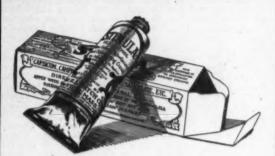
Dr. Frank Crane, the virile and versatile writer, has truthfully said: "A striking phase of modern medical science is the amount of attention devoted to the colon and its toxic contents." He might have added that without the toxic content, the colon, or any other part of the body, would need little medical attention.

In view of the fact that practically all known diseases originate through bacteria deposited and nurtured within the intestinal tracts, the first requisite to health is absolutely cleanliness and sterility within these organs. A system, therefore, by which the colon can be easily and aseptically cleaned is not only rational, but equally effective. The "J. B. L. Cascade," now used by upwards of 150,000 people, including many wellknown physicians, has already established its worth as the most efficient method yet devised for cleaning the colon. Physicians who desire to test the "J. B. L. Cascade" to their own satisfaction are invited to take advantage of the wholesale price at which it is offered to members of the profession. Literature and prices will be furnished on request.

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Leprosy.

An interesting study of leprosy in the Philippine Islands with a comparison of Hawaiian statistics is published by O. E. Denney, Culion, P. I. The facts presented are based on his experience at the Culion Leper Colony. The histories of the cases which are of necessity very brief, include the patient's name, age, nationality, race, birthplace, last place of residence, date of admission to the colony, marital relations, family contact history, the probable duration of the disease and a brief account of the physical condition of the patient when admitted. As a large number of the lepers have only a slight knowledge of hygiene and sanitation, they could give very little informa-As a large number of the lepers have only a sight knowledge of hygiene and sanitation, they could give very little information worthy of serious consideration. Since we have no exact knowledge of the mode of transmission of the disease, knowledge of the time at which infection takes place would be of great value. But the table showing the ages at which the distribution of the same of the great value. But the table showing the ages at which the disease began is only relatively correct. The remarkable similarity between these figures and those taken in the Hawaiian Islands warrant the comparison and the table appended is significant. The ages obtained from the Hawaiian statistics, it should be noted, are based on the first appearance of symptoms. Twenty-nine per cent of the Culion lepers have given a definite history of previous contact with at least one leper relative. It is a frequent occurrence for a leper to deny any such history but it leaks out months or years later, perhaps, through the admission of a leper relative to the colony. The table of this inquiry is significant because of the large percentage of brothers and sisters infected. In frequency of infection, cousins come next. The record of contact between like sexes is also tabulated with the same general result and this is the case also in regard to different sexes, brothers and sisters predominating in both. Similar statistics agreeing on this point have been collected in The attempt to separate the cases into types of disease did not prove satisfactory, as the disease often changed in the same individual.

Conclusions derived from the investigation are summed up as follows by the author. "1. One-half the cases of leprosy segregated in Culion have been diagnosed in adolescence. 2. Twenty-nine per cent of the lepers gave definite histories of contact with leper relatives. No record has been made of contact with lepers other than relatives. It is probable that carefully taken histories would have revealed contact histories for all the lepers isolated, since the disease is widespread through-out the islands. 3. Thirty-five per cent of those giving histories of contact with a single leper relative were sisters and brothers, 27 per cent were cousins, while 11 per cent were leper children and 7 per cent. leper parents. 4. In the occurrence of infection and 7 per cent. leper parents. 4. In the occurrence of infection of two or more relatives, the majority of cases were among members of like sexes, the noteworthy exception being the number of mothers and sons infected in excess of the number of mothers and daughters. 5. Numerous records show multiple infection within families, spreading over one, two or three generations, more than half of the infected persons being brothers and sixtees. 6. 1.1 here exit of the larges who were married. erations, more than half of the infected persons being brothers and sisters. 6. In 1 per cent of the lepers who were married before admission to Culion, the infection was between husband and wife. 7. The male sex is more frequently infected. 8. The average duration of leprosy is 7.3 years. 9. Mortality among children born of leper parents is high. The incidence of infection among children living in the colony for from one to ten years is 10.4 per cent. 10. Infection of children born of parents, one of whom is a leper, and living among lepers for from seven to ten years, is 44 per cent. 11. From this study, nothing of importance other than circumstantial evidence, has nothing of importance other than circumstantial evidence, has been learned regarding the transmission of leprosy."—

Volunteer Aids of the Health Department.

Edgar H. Guild describes a children's organization known as the "Home Helpers' League" which is proving very popular and successful in Springfield, Mass.

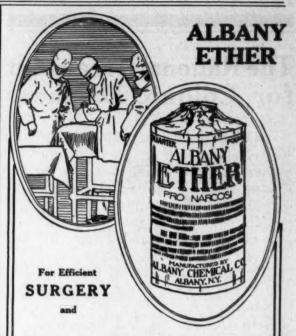
A league is formed in each of the graded schools and the membership is limited to girls of eleven years and upwards.

Regular meetings of each league are held and at each meeting a purse gives a short talk on the care of the body personal

Regular meetings of each league are held and at each meeting a nurse gives a short talk on the care of the baby, personal hygiene, care of the hair and teeth and general sanitation as regards the cleanliness of the city.

The members co-operate with the Health Department by reporting sick babies, dirty back yards, flies, garbage cans in improper order, and refuse. The vacation time is made the period of intensive instruction while the work goes on throughout the year with conveyable lessened intensity. out the year with somewhat lessened intensity.

The great increase in the numbers of reports of various kinds, visits, and talks and demonstrations at meetings of the leagues show fully the value of the leagues to the Health Department.-(American City, Sept., 1917.)



The Comfort of the Patient

By the elimination of vinyl alcohol and aldehyde, water and alcohol from anesthetic ether not only is the danger of accident, nausea and other disagreeable post-operation symptoms reduced, but the recovery of the patient from narcosis is greatly facilitated.

With these facts in view physicians and surgeons will be interested to know that Albany Ether Pro Narcosi has a specific gravity of about .710 at 25 degrees C. corresponding to .720 at 15 degrees C. showing absence of water and alcohol imperatively demanded by the Pharmacopeias of Great Britain Germany, France and Russia. Albany Ether Pro Narcosi is indifferent to all chemical tests for impurities, in addition to which the distillation point viz: 34 to 36 degrees C. proves the absence of all lower and higher boiling contaminations.

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Of course people who know understand that odors, whether pleasant or disagreeable, have no germicidal or protective value whatever.

DIOXOGEN is free from all odor, and while it perhaps has greater power of penetration than other germicides, it may be used on the hands, as a mouth wash, as a gargle, or in any way that may be necessary without leaving behind suspicious or disagreeable traces of any kind.

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Rhinitis Pharyngitis Tonsilitis Adenoids Rose and Hay Fever SAMPLES TO THE PROFESSION ON REQUEST.

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Neodiarsenol.

E. P. Zeisler, Chicago, discusses a recent series of twenty intravenous injections of neodiarsenol, a recent substitute for neosalvarsan marketed by a Canadian firm, which he gave to patients in all stages of syphilis. He observed an unusually large percentage of severe reactions, such as fever, headache, vertigo, vomiting, nausea, faintness, thoracic oppression sometimes extremely alarming at least it was in one case. On account of his unpleasant experiences in the use of neodiarsenol he has ceased to use it.—(J. A. M. A.)

Cancer of Ear Following Frost-bite.

R. L. Sutton, Kansas City, Mo., calls attention to the frequent exposure of the ear, as well as the cheeks, to repeated frostbites. The frequency of such occurrences are appreciated only by a study of a number of case histories. Pusey has called attention to the important part dry seborrhea of long standing plays in the production of cancerous growths. Out of forty-six cases involving the ears and cheeks examined by Sutton within a year, twenty-seven gave a history of frostbite and twenty-one of these presented one or more malignant growths on the affected areas. The majority were of the keratoid type and almost 90 per cent were of the basal cell variety. In only three instances were the squamous cell varieties represented. Judging from his observation it would seem that repeated exposure to very low temperature tends to reduce local resistance to the malignant growths. The important prophylactic measure is adequate protection of the parts commonly attacked and, if geratoses develop, the frequent application of an ointment containing small amounts of salicylic acid may be tried. In some instances, double this proportion of sulphur may be advantageously added. In more advanced or frankly malignant cases radium usually serves admirably. In attacking squamous cell growths of the ears, especially if the lymph nodes are attacked, the physician will find radical excision the method of choice.—(J. A. M. A.)

Experiences in Reconstruction Surgery of the Extremities.

In the September International Clinics Babcock calls attention to the needless sacrifice which is often made of extremities, especially the hands, which can be restored to a fair degree of usefulness by conservative surgery. The article is very profusely illustrated. He goes into considerable detail in showing how a badly injured limb may be saved, either partially or completely. The article which does not lend itself readily to condensation, should be consulted by all interested in surgery. It is especially valuable for those entering the Military Service where many of the problems it deals with will be encountered frequently.

Cause and Treatment of Constipation in Infants and Young Children.

In discussing this subject in the International Clinics Grulee summarizes his views as follows: "I would like to urge that catharsis be abandoned as a routine treatment; to ask that the simple rules of diet be insisted upon, and that when these are not sufficiently effective such mechanical factors as glycerin suppositories and paraffin oil be resorted to and that only in extreme cases of acute constipation a cathartic be used."

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Dr. Louis Faugeres Bishop offers opportunity for practicing physicians to study disorders of the heart and their treatment at his private Cardiac Institute.

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MOUTH CLEANSING

Diaphragmatic Hernia as a Sequela of War Injuries.

Diaphragmatic hernia is not a very uncommon condition, but it has in the past generally been overlooked. With the in-creasing employment of the fluorescent screen in all obscure abdominal cases the diagnosis is likely to be made more frequently during life. Few cases have as yet been reported as the result of gunshot wounds, possibly because the hernia in case of injury to the diaphragm often does not develop until some time after the injury. Such a case is very completely described by Major L. M. Murray and Major J. D. Morgan in our present issue. The man was completely buried by a shell our present issue. The man was completely buried by a shell explosion, and when dug out was unable to stand on account of pain referred to the region of the eighth and ninth dorsal vertebrae. On aspiration of his left chest some blood-stained fluid was obtained, but the hernia was not suspected until after his evacuation to the Canadian special hospital, when metallic tinkling was audible over the left chest. A bismuth meal and x-ray examination confirmed the presence of the hernia, the relations of which are admirably shown in the series of x-ray prints. Another case has recently been reported by Gustav Ranft (Deutsch. Med. Woch., Nov. 22, 1917), the man dying sixteen months after a gunshot wound of the lung. The case is thus described:

Within ten weeks after the injury the man seemed to have recovered so completely as to be returned to duty, and, indeed, he served in the field two or three times. In the intervals, howhe served in the field two or three times. In the intervals, however, he was admitted to hospital for gastric catarrh, which seemed of an ordinary kind, and for pain in coughing and sneezing. Eventually bronchitis and pleurisy supervened, from which he died. At the necropsy the lowest third of the left pleural cavity was found to be almost completely filled by bowel tightly distended with liquid faecal matter. It was the transverse colon, and had penetrated into its unusual situation in the thoracic cavity by means of an opening in the diaphragm large enough to admit two fingers. Dense adhesions bound the intesting to the diaphragm and round the opening were old. intestine to the diaphragm, and round the opening were old

scars. The author concludes that in wounds of the lower thoracic region the possibility of a traumatic diaphragmatic hernia should always be kept in mind. If on further investigation the suspicion is found to be confirmed, the patient should not be pronounced military fit, lest, as in this case, serious or even fatal disease of the respiratory organs ensues.—(Lancet, Dec. 2012) 8, 1917.)

Ultra-violet light is most useful in dealing with those head injuries with lacerated wounds, which are so difficult to clean and to keep clean.

Pulvoids.

901 Chelsea Avenue, Memphis, Tenn. September 22, 1917.

THE DRUG PRODUCTS Co., INC., 48 West Fourth Street, New York City.

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tained with this remedy were equally as gratifying.

I use this remedy whenever I have a case of high tension, and have never been disappointed in the results. It is apparent to any physician that in interstitial nephritis the blood pressure must be brought down and kept down, and in Pulvoids Natrium Compound the physician will find an efficient agent for that purpose.

(Signed) J. A. VALLERY, M. D.

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This is the invariable sign of those physicians who are familiar with the therapeutic efficiency of Hayden's Viburnum Compound in Dysmenorrhea and other conditions where an antispasmodic is required.

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For over fifty years this product has been before the profession, which is the best sign of its approval, and this approval has only been gained through its dependable value wherever the original product is administered.

It is not a narcotic, and the New York Pharmaceutical Co, Bedford Springs, Bedford, Mass., would be glad to send you literature and samples for clinical purposes.

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Anent the Next Liberty Loan.

The complexity of the modern industrial organization has helped to confuse the popular mind regarding the function of money. There is a widespread assumption (1) That money is a miracle worker and can make good for the nation as a whole the shortage in labor and materials which it seems to correct in individual cases, and (2) That some virtue attaches to the keeping of money in circulation by promiscuous expen-

In England the above fallacies have been successfully assailed in connection with the War Savings movement there by preachment of the "gospel of goods and services," which may be translated here into that of labor and materials.

These are the only things that count in support of the fighting machine and they cannot be bought if they don't exist. At any given time in the country as a whole there is just so much of these vital necessities available for all purposes. Every unessential industry which burns coal deprives the essential industries by just so much of the supply available for their purposes. So does every housewife who burns an unnecessary hodful in her kitchen range. Every man who buys a new overcoat is bidding against Uncle Sam, who is buying overcoats for soldiers. And every dollar spent on a luxury is helping to support an unessential industry in the competitive consumption of essentials. Money spent on Liberty Bonds gets as wide and as immediate circulation as that spent on candy or theater tickets, but it goes to support industries which produce those things which the Government needs.

But if it is true that, in the last analysis, labor and materials

But if it is true that, in the last analysis, labor and materials are the only things that can be of any value in the support of our fighting machine, it is also true that the only economy of these things which counts is present economy. We can't increase the present supply of these things with the thought that we might have used more of them than we did a year ago. The only food or clothing or fuel or munitions of interest to our soldiers and sailors is that which is available today. Past savings of these things have all been absorbed. The war must be waged entirely on present savings. Hence the imperative necessity of thrift, not only on the part of those who have never before put aside anything but also on the part of those who normally would be spending the income from past

savings. The latter especially must be made to feel that in living on such incomes they are simply exchanging their own past savings or those of their ancestors for the present savings of others, in other words, competing with Uncle Sam for these present savings. It is their duty in the present situation not only to practice self-denial in the matter of consumption but if possible to support themselves by some occupation of value to their country and turn over their private incomes to the Government in the form of Liberty Bond investments.

Robert Edeson in Health Drama.

The fight against tuberculosis has graduated from the moving-picture house and is about to appear in this country on the legitimate stage with Robert Edeson, in the leading role. The play, entitled "Love Forbidden," is by Jacques Renaud and has had a seven months' run in Paris. "It strikes out upon original lines," says Mr. Edeson, in commenting on his new role. "It tells a charming love story and at the same time depicts a tremendous battle for health that has its outcome in a delightful victory. It portrays that our happiness depends upon ourselves and that we are the responsible architects of our own destinies. And I believe that this play is particularly pertinent now. It sounds a trumpet call to the forces of civilization to awake and vanquish an invisible enemy that is sapping our national strength."

In the play Dr. Lee has a son who is infected with tuberculosis by his mother, who died of the disease. In his efforts to save his son, Dr. Lee has become a tuberculosis specialist. The young man, while not yet fully recovered, secretly marries the daughter of Richard Wicks, a wealthy friend of the doctor. Wicks, on learning of it, brutally separates the young couple, taking his daughter home. Dr. Lee finds on examining her that she has already contracted the disease from his son and is also about to become a mother. The application of well-known health laws, however, happily reunites the little family at last, with all members restored to health.

This play has been officially approved by the National Association for the Study and Prevention of Tuberculosis, which proporties it a sowerful agent for appropring the education of

This play has been officially approved by the National Association for the Study and Prevention of Tuberculosis, which pronounces it a powerful agent for promoting the education of the public as to the menace of the great white plague and the methods of combating it.

Carrel-Dakin Solution Is Best Made With Chlorin-Soda Ampoules

Johnson & Johnson's method of preparing the Carrel-Dakin solution of sodium hypochlorite with Chlorin-Soda Ampoules has placed the Carrel technique at the command of every hospital and surgeon in the country. This method has overcome all the drawbacks heretofore encountered in the preparation of the solution.

Commenting upon the original difficulties of preparation and the present methods, the American Journal of Surgery, editorially, says in its November, 1917, issue:

"To prepare the sodium hypochlorite solution of proper strength and reaction from 'chloride of lime' required a skilled chemist to titrate various samples of each mixing, settling, filtering and again titrating. Now, however, that the solution can be made accurately, quickly and very cheaply from liquid chlorin and sodium bicarbonate-the chlorin escaping through a meter into a simple solution of sodium bicarbonate—the preparation of the fluid loses all of its terrors and most of its errors. The Carrel-Dakin method of treating wound infections is the most important contribution of military to civil surgery that has come from this war, thus far."

THE BEST METHOD

In its December, 1917, issue, the same Journal said editorially:

"We have received several inquiries concerning the manufacture of Dakin's solution from chlorin gas and sodium bicarbonate which we first order to your dealer.

referred to editorially in the November issue of the Journal as a great improvement on the original method of manufacture from bleaching powder ('chloride of lime').

"For use on a small scale, as in the patient's home, the sanitarium or the office, the best method of making the Dakin's solution, as far as we know, is with ampoules of liquid chlorin and of soda (Johnson & Johnson method). Thus made, the solution will cost about 30 cents a liter, but it can be made 'on the spot' and very quickly and without any special apparatus, and it involves no initial expense."

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Military Anti-Tuberculosis Program Perfected.

Plans for a complete program for the prevention of tuberculosis in the army have been perfected by the National Association for the Study and Prevention of Tuberculosis working in co-operation with the Surgeon General, the Y. M. C. A. and other agencies. This, it is predicted, will put the impending second draft on a better health basis than the first. The program will include sect earlier follows: gram will include not only a follow-up for every man discharged on account of tuberculosis, but a thoroughgoing health educational campaign among the soldiers.

health educational campaign among the soldiers.

Prior to the first draft the National Association began to outline a preventive campaign. Owing to the magnitude of the task and the many practical delays in perfecting and applying the details of this scheme, the results were not as encouraging as might be expected. This was due to the fact that the report of names of men rejected by the draft on account of tuberculosis was inadequate, the slowness of the machinery in getting under way, and the many difficulties in determining the status of the men. status of the men.

Inasmuch as these enlisted or drafted men do not become accepted soldiers until after their probationary period lasting from three to six months in the various services, the Government assumes no responsibility for the after-care of those whose health breaks down during that period. Hence, this problem belongs to the civilian boards of health and the unofficial health organizations.

The National Association are grown falls into the civilian boards of the civilian boards of the companion of the civilian boards of the civil

The National Association program falls into two main divisions: (a) follow-up work and (b) educational work. The first obstacle to the follow-up program was Section Eleven of the Selective Service Regulations regarding the second draft which forbids giving a record of a man's condition to any one except certain designated officials. The National Association officers, however, placed before the War Department the importance of this work and were influential in persuading them to open the records of rejected men to state and local Boards of Health throughout the country, through the United States Public Health Service and the Council of National Defense,

Inasmuch as the above section of the regulations does not apply to men dismissed from training camps after they have passed draft boards, the Association arranged with the Surgeon General and the division surgeons in camps to receive the

names of all men thus dismissed. These lists are divided up

names of all men thus dismissed. These lists are divided up by states and forwarded to state associations and state Boards of Health for follow-up work. Where men are referred to localities where there are not at present facilities for this follow-up work, the Association will use its good offices to promote the establishing of such facilities.

In the meantime, the Medical Department of the Army has perfected its machinery for weeding out these tuberculosis cases. Every man passed by the draft board after going into camp is examined by the Regimental Surgeon, re-examined by a tuberculosis board and then if suspected of tuberculosis, again examined by a tuberculosis expert. This follows a general policy mapped out and recommended by the National Association.

A large number of men have already been accepted into the service who were known to be tuberculous, many of them formerly inmates of tuberculosis sanatoria. Part of the Association's work has been to get in touch with every tuberculosis sanatorium and dispensary in the country and compile lists of all recent male inmates of draft age, giving the history of their cases and whether or not it was known if they were in the army at present. Hundreds of such names have already been received. This data is forwarded to the training camps, the army at present. Hundreds of such hames have already been received. This data is forwarded to the training camps, the men are located and the results are reported back to the source of information.

Furthermore, the Association has sent a letter to all of its fifteen hundred local co-operating agencies giving the provisions of the second draft and urging that these agencies pro-cure the names and addresses of all the men of military age in their section who are known to have tuberculosis; get in touch with these men and arm them with the necessary affidavits to prevent, if possible, their being passed by the draft board, and recommend to the local draft boards the names of

the approved tuberculosis experts in their section.

The Association is also co-operating with the Surgeon General's office to aid the Government in providing sanatoria for those men who have been discharged from the service on account of tuberculosis after their probationary period has expired. All full-fledged soldiers and sailors returned from France or other stations will be cared for as near to their own homes as possible in sanatoria accommodations provided by the

DOCTOR, we will make a Spinal Appliance to order for any case and allow a 30-day trial

Did any other orthopædic institution ever make you a like offer? Do you know of any other orthopædic institution that will make you a like offer? We offer to make you an appliance to special order for any of your patients and let it prove its usefulness.

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Government. The Government intends to utilize as far as pos-

sible existing institutions.
From the United States Marine Corps the National Association has secured each month a report of men rejected for tu-berculosis from all its recruiting stations, and these men will receive the regular follow-up attention.

From the second or educational division of the program it

is hoped to derive the greater ultimate good by the establishment of fundamental preventive measures among the well

The National Association is interested in any kind of an educational campaign among the men in the various military camps that will tend to promote interest and information with regard to the control and prevention of communicable diseases, and toward the promotion of public and individual health in general. In the mobilization of such large numbers of men in various camps throughout the United States there have developed an unusual number of somewhat serious epidemics of colds, coughs, pneumonia, measles and various other respiratory and communicable diseases. That all of these diseases can be controlled by education and by the exercise of adequate public health measures has been clearly demonstrated in the civilian population throughout the United States. Most of these epidemics are spread through ignorance and carelessness. evitable where large numbers of men from all walks of life and with all possible diseases and variations of physical habits are thrown together in somewhat uncomfortable and crowded living conditions, that there will be an immediate increase in the amount of sickness from communicable diseases. It must be It must be obvious, ht wever, to even the most superficial observer, that if these men can be taught to maintain a reasonable standard of personal hygiene and can be given a knowledge of the methods and principles of the control of communicable diseases a rapid diminution in the sickness rate will follow.

In co-operation with the Educational Committee of the National War Work Council of the Y. M. C. A., the National Association will furnish a number of stock lectures dealing with tuberculosis together with lantern slides to illustrate them. It will also arrange to put the educational secretaries of each of the camps in touch with public lecturers in and around their respective camps. The Association has requested the War Department to give careful consideration to the desirability of appointing one or more special officers detailed to lecture on tuberculosis and allied health subjects in all of the army camps

throughout the country.

The Association has prepared a special circular entitled,

"Red Blood," giving in brief and attractive form a message to the soldier relative to personal fitness, a health "Don't Card"; and a Public Health Manual may also be distributed, the latter being a text book of personal hygiene.

The Association will also arrange to distribute through the departmental executives of the Y. M. C. A. a number of special tuberculosis exhibits known popularly as "The Parcel Post Exhibit." In connection with these moving picture films and lantern slides will be used lantern slides will be used.

The National Association Field Secretary, Dr. Pattison, is visiting the training camps and supervising this educational work.

Annual Congress, 1918.

Annual Congress, 1918.

The next annual congress of the Ophthalmological Society of the United Kingdom will be held on the 2nd, 3rd and 4th of May, at the Royal Society of Medicine, 1 Wimpole Street, West London. The discussions will be on "Plastic Surgery of the Eyelids," to be opened by Major H. D. Gillies, Messrs. C. Higgens and T. Harrison Butler; and on "Contagious Diseases of the Conjunctiva," to be opened by Messrs. J. B. Story, Sydney Stephenson, Major J. F. Cunningham and Capt. J. Wharton. There will be a demonstration of specimens of eye injuries by Col. W. T. Lister, papers and communications, subject to the judgment of the Council, will be printed in full in the Transactions.

Transactions.

Under the by-laws readers of papers must not exceed twenty minutes, subsequent speakers ten minutes. The openers of the discussions are allowed twenty minutes.

VOLUNTEER AID HOSPITAL, WILLESDEN, ENGLAND.

The medical officers speak in the highest terms of Valentine's Meat-Juice, which has been used with the most beneficial results among both the sick and wounded soldiers in their charge. They cannot speak too highly of its properties in illness and convalescence.

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An Occupation Neurosis of the Lower Limb.

An Occupation Neurosis of the Lower Limb.

J. C. Verco reports the very rare condition of an occupation neurosis of the lower limb.

The patient was a fettler, aged 54 years, who was quite well until about eight months before, when he noticed a peculiar stiffness in the left leg. This gradually increased until it prevented him from doing his work properly, as well as from walking. Although he felt perfectly well while in bed, and could do anything he liked with the leg when lying down, and when he arose and began to walk quietly the leg seemed all right, yet as he continued walking, and especially if he tried to walk at all quickly, it failed him. It became more and more flexed at the hip, and the knee, and the ankle, so that it could not be straightened when it was put forward to take his weight, but as he bent forward to put his weight on it the foot came back almost to the position of the right foot. Then he had to lean over on his bent left leg and throw his right leg forward, and lean over on that and swing the left forward again as far as he could, but as it was so bent and stiff he could not reach the ground with it unless he bent his right knee and hip. The only discomforts he felt were an aching in the left tendo Achillis and fatigue in the back.

Unless he was very careful to watch this flexed left leg in walking he would be thrown especially if he was carrying a

Unless he was very careful to watch this flexed left leg in Unless he was very careful to watch this flexed left leg in walking he would be thrown, especially if he was carrying a heavy weight. For eight years he had been a fettler. His work was to clean iron-castings taken from the moulds, chip off projecting pieces of iron, and then polish them on an emery wheel. Some of these castings were 18 kilogrammes in weight and nearly a metre in width, and as the wheel was low he had to stoop down, flexing the hip and knee and foot, and carry the stoop down, flexing the hip and knee and foot, and carry the castings from just in front of him to a point considerably to his left, so as to grind the one-metre edge. This threw the whole weight on the bent left leg, while the right leg was in a position of abduction to the right and carried almost no weight. If he walked on the heels and kept the soles off the ground (which could only be done with the knees stiff) the leg was not thrown into spasm, and if he walked on the balls of the toes and kept the heels off the ground he did not get the stiff flexion. But directly he tried to walk in the ordinary way this came on. By fixing a back splint from the upper part of the thigh to the lower part of the leg, and so preventing flexion at the knee walking was made somewhat easier and less unat the knee, walking was made somewhat easier and less un-certain, but the spasm was still present and resistance to flexion was fatiguing.

Occupation neuroses usually affect the upper limb. There are cramps of writers, pianists, violinists, milkers, seamstresses, tailors, cigar-rollers, telegraphers, diamond-cutters and barbers. Dancers in ballets get a cramp of the calf, but the condition is usually transient. No doubt the reason that the occupation is usually transient. tion neuroses affect the upper limb so much more frequently is that they are always concerned with skilled movements repeated at intervals, and such movements are obviously more commonly executed by the upper limb.—(Med. Jour., Australia)

For the Endocrinologist.

"Pluri-Glandular Insufficiency" is the title of a most instructive booklet issued by Reed & Carnrick of Jersey City. While that excellent product, Protonuclein, is mentioned, the booklet is really a valued contribution to the literature of endocrinology and it will be read with interest by all physicians

interested in that important subject.

Incidentally, Protonuclein is in a class by itself in its particular field.

Antitoxin.

The advantages of immunization against diphtheria have been well demonstrated. The records of the New York City Health Department—80,000 immunized with a morbidity of 0.2 per cent.

—furnish ample evidence of the value of diphtheria antitoxin in combating this disease.

An antitoxin of high potency, small bulk and low protein content is supplied by Eli Lilly & Company, Indianapolis. This product is prepared under aceptic conditions by improved methods of concentration and purification.

Many experienced clinicians recommend 5,000 units in mild cases; in moderate cases 10,000 units, and in severe cases 20,000 units. Diphtheria antitoxin should be given at once when evident clinical symptoms of diphtheria are present and the Lilly product is prepared under asceptic conditions by improved

product is prepared under asceptic conditions by improved in convenient syringe packages.

Another product of the Lilly Biologicals Laboratories that is eminently satisfactory to physicians is Small-Pox Vaccine Virus, Lilly. In primary vaccinations this virus is said to yield the maximum percentage of "takes." The searching tests made at the Lilly Biological Laboratories to determine the potency and purity of vaccine virus is assurance that the product will

give satisfying results if proper cold storage precautions have been observed.

New Thought vs. Unguentine for Bleeding Piles.

The editor of a New Thought journal being recently asked to give a remedy for itching and bleeding piles, replied: "A thought of cruelty and destruction toward obnoxious things would cause the condition you mention. The remedy is a reconciliation of all thoughts in the infinite kindness and goodness."

ness."

Without going into the profounder aspects, pro and con, of psychotherapy, it is circumstantially evident that the gentleman (or was it a lady?) never had a case of itching and bleeding piles. So much is clear to anyone who has ever had them. This is one of those afflictions which needs the grace of God plus an outward application. Even at that, one has to be a little fussy in one's choice of applications. For our part, we would rather put our trust in Unguentine Cones; the full force of which observation is apparent to every one who has ever of which observation is apparent to every one who has ever used these suppositories. If you have never used them, you have one of the discoveries of your life yet to make. We recommend you to get in touch at once with the Norwich Pharmacal Company, and enlighten yourself.

Polycythemia.

An interesting clinical lecture of a case of polycythemia by Beifeld is reproduced in the *International Clinics* for September. He deals with the differential diagnosis between polycythemia and other conditions associated with an increase in the number and other conditions associated with an increase in the number of red blood corpuscles, such as Osler-Vaquez's Disease and Geisbock's Disease or polycythemia hypertonia. The treatment of polycythemia is largely symptomatic. For this purpose vene-section is the most efficient agent. In Beifeld's case the blood pressure fell from 220 mm. syptolic and 130 diastolic to 170 mm. syptolic and 100 diastolic. In addition the red cells fell from 9,600,000 to 8,400,0002the haemoglobin from 115 to 105 per cent. The venesection must be repeated from time to time.

The Relief of Pain.

It goes without saying that there is no symptom that proves of so much importance to the patient as the existence of pain. Pain means one thing to the patient and another to the physician. Success in relieving pain always secures the gratitude of the patient and enhances the latter's appreciation of the medical man's efforts. Pain is due to irritation and in the majority of cases can be relieved by its antidote in the form of counter-irritation. For this purpose, every physician should become acquainted with Betul-ol, as an easy, safe and effective agent for the relief of pain, particularly that which occurs in rheumatism, neuralgia, lumbago, stiffened or sore joints, myalgia, etc.

Betul-ol does not irritate. Its application is generally fol-lowed by prompt relief of the pain, and such application can be renewed as often as is necessary to keep the patient com-

Betul-ol is supplied to the drug trade or to the physicians by E. Fougera & Co., Inc., 90 Beekman street, New York City.

A Sanitary Privy System for Unsewered Towns and Villages.

Surgeon L. L. Lumsden, U. S. P. H. S., outlines a plan for the satisfactory disposal of fecal material from unsewered towns and villages. The recommendations are the result of investigations carried on throughout the country during 1914, 1915 and 1916. A sanitary privy system is suggested, consisting of water tight, cylindrical galvanized iron cans, 15 inches high and 15 inches in diameter. Each can is provided with a well fitting cover, and is placed in a privy house, which is thoroughly protected against flies, and which is ventilated by means of a flue pipe. It is estimated that one can is required for every group of five persons or less, and that the can should be replaced with a fresh one every seventh day.

The plan is to have a scavenger service, which will collect

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The plan is to have a scavenger service, which will collect the full cans, replace them with clean fresh ones, and dispose the full cans, replace them with clean fresh ones, and dispose of the excreta. The method of disposal may be either by dumping into a sewer or by burial in the earth. In any case the can is washed and cleaned, dipped in a disinfecting solution and when replaced must contain about a pint of the disinfectant. It is desirable that the scavenger service should be operated under the direction of the municipal authorities. It is estimated that a charge of \$3 to \$4 per privy per year will insure a safe margin of profit.—(Pub. Health Bull., No. 89.)



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Dr. Louis Faugeres Bishop offers opportunity for practicing physicians to study disorders of the heart and their treatment at his private Cardiac Institute.

ELECTROCARDIOGRAPHY ORTHODIASCOPY PULSE TRACINGS (MacKenzie) THE NAUHEIM METHODS OF TREATMENT

Physicians were formerly compelled to visit the clinics of Europe for this experience.

NEW YORK CITY 109 East 61st Street.

Functional Tests in Chronic Nephrites.

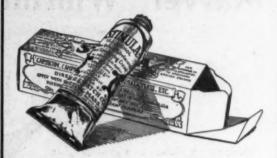
Christian discusses in the International Clinics the various tests to determine the functional capacity of the kidney, normally the phthaline output, blood, urea nitrogen, index of urea,

recretion and specific gravity of urine.

The last mentioned is a simple means of determining the functional capacity of the kidney. The kidney normally accommodates itself to different kinds of urea complexes by excretmodates itself to different kinds of urea complexes by excret-ing a more or less concentrated urine, a urine which pretty closely parallels the fluid intake. If, however, the kidney is injured it does not accommodate itself so well and does not accommodate itself so promptly so that curves representing the specific gravity taken every two hours instead of showing marked variations flatten out in proportion as the kidney is diseased. diseased.

Christian believes that the functional tests are useful in determining prognosis, and, to a certain extent treatment, and in some cases diagnosis, when there is a question of early nephritis, but they are mainly helpful from the point of view of prognosis.

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STIMULA penetrates at once, is quickly absorbed, and leaves the skin surface dry and clean.

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STIMULA, as an Analgesic and Rubefacient, "is the best product of its kind on the market" is the report from many progressive physicians.

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Marvel "Whirling Spray" Syringe

action, dilates and flushes the vaginal passage with a volume of whirling fluid, which smooths out the folds and permits the injection to come in contact with its entire surface.

is that The Marvel, by its centrifugal

Prominent physicians and gynecologists everywhere recommend the MARVEL Syringe in cases of Leucorrhea, Vaginitis and other vaginal diseases. It always gives satisfaction.

The Marvel Company was awarded the Gold Medal, Diploma and Certificate of Approbation by the Societe D'Hygiene de France, at Paris, Oct. 9, 1902.

All Druggists and Dealers in Surgical Instruments sell it. For literature, address

MARVEL COMPANY.

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In Your Nose and Throat Work

The acute nature of the case usually demands that the first step in the treatment be palliative and the second corrective.

ESCHAROL

gives the results desired in either stage.

Contains no Silver and is Non-Irritating.

INDICATIONS

Rhinitis Pharyngitis Tonsilitis Adenoids Rose and Hay Fever SAMPLES TO THE PROFESSION ON REQUEST.

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Galyl the Arseno-phosphorous Organic Compound.

Your attention is called to the French preparation Galyl (C₂H₂O₃N₃As₄), an ethical and scientific arseno-phosphorous organic compound largely and successfully used in the best private and military practice of the allied countries and now obtainable in the United States for the treatment of syphilis. It is at least fully as efficacious and prompt as Salvarsan and it is far simpler of technic and free from toxic sequelae.

Being a phosphorous compound it offers superior weapons

in preventing and treating Cerebro Spinal Involvements. administration of Galyl requires no elaborate preparation and may be given in any ordinary doctor's office.

A very prominent physician of Burlington, Vermont, writes

as follows:
"I am very sure my technic was proper as it was the same I always used and I am very familiar with Galyl administration. I have always found it exceedingly satisfactory and so much easier to use than other preparations."

For literature information write the Sole Importers, George J. W-llau, Inc., 4 Cliff Street, New York City, New York.

Treatment of War Wounds.

Mencière, of Rheims, treats wounds by "embalming," using

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Iodoform																				10	
Guaiacol																					
Eucalypto	1													0						10	g.
Balsam of																					
Alcohol						. ,															g.
Eshan																4	-		9.	 1	124ma

The liquid penetrates into every part of a wound, and the active ingredients are thus placed in a position to exert their fullest effect.

An ointment is prepared by substituting 1 kilo, of vaselin for the alcohol and ether. This has been found most useful in treating burns from grenades and other things, chillblains, and contused wounds of the face, in which region it is very difficult to keep dressings in place. It has proved of benefit as well in various skin affections.—(Jour. de Méd. et de Chir. prat., September 25, 1917.)

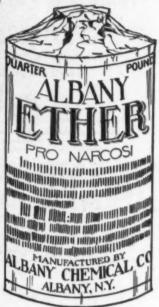
The New Anaesthetic Ether

It is a well-known fact that the Pharmacopeias of Great Britain, France, Germany and Russia require a much purer and more efficient ether for surgical and medicinal use than the U. S. P. By a notable advance in the manufacturing process, a product superior to even that of European countries is now attainable by physicians and surgeons of the United States.

Albany Ether Pro Narcosi

is the result of the new process. The most prominent characteristics of this product is the total absence of Vinyl Alcohol and Aldehyde; a specific gravity of .710 at 25 degrees C. or .720 at 15 degrees C. establishes the absence of water and alcohol. The test for acidity complies fully with the requirements of all published Pharmacopeias. A chemical or clinical test of Albany Ether is invited.

(Hospitals only furnished with samples on application.)



ALBANY CHEMICAL COMPANY, Albany, N. Y.

NON-CARBOHYDRATE FOODS FOR DIABETICS

The dietetic treatment of diabetes mellitus, says one authority, "is by all means the most important therapeutic factor in the management of this disease. It aims not only to diminish the sugar that makes its appearance in the urine, but also the sugar in the blood," thereby improving the general condition of the patient and preventing complications. To that end, the natural course is to restrict the intake of carbohydrates.

Resort has been had largely to gluten flour. Now the real truth about gluten is that if it were separated entirely from the starch it would be like glue, and one might just as well try to eat a rubber ball. The so-called gluten flours contain 22 per cent. to 60 per cent. of starch and rarely two lots of the same brand are alike.

Listers prepared casein Diabetic Flour is entirely free from carbohydrates. It is the ideal bread substitute. It satisfies diabetic bread hunger and renders it possible to control the diabetic's intake of carbohydrates with accuracy, and the Physician can establish the patient's tolerance. Listers Flour makes real food, not 'near' food, and may be eaten day in and day out without tiring of It is self-rising and easily prepared in the home. A month's supply, \$4.50, will be sent direct or secured at

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A favorite remedy in treating Phthisis

Contains Ichthyol, Creasote Carbonate, Dilute Hydrocyanic Acid and Extract of Malt combined in a tasty form. Samples upon request.

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A palatable combination of Sedatives, Antispasmodics and Tonics useful in the treatment of Nerve Disorders.

Contains Musk Root, Celery Seed, Kola Nut, Hyoscyamus, Cascara Sagrada, Ammonium Bro-mide and Tasteless Chloride of Iron. Samples \$1.25 per pint, upon request.

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Largely used by the Medical Departments of the Allied Governments in Syphilis.

An improved Phospho-Arsenical Agent, a very active destroyer of many kinds of spirilla and trypanosomes.

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6 Cliff St., New York City.

Heart Disease.

R. H. Babcock says that unlike systolic murmurs there is no difficulty in interpreting diastolic ones. For all practical purposes these are but two, the so-called presystolic murmur of mitral stenosis and the one of aortic regurgitation occurring with and following the second sound. There is no difficulty in recognizing a mitral direct, that is, presystolic bruit when this precedes the first tone during the whole phase of auricular contraction, but one should always be on watch for cases of mitral narrowing in which either owing to inaudibility of the second sound the presystolic murmur may be mistaken for a systolic one and the first tone ending the bruit appears to be the second tone, or those others in which the stenosis is shown by a sharp snap of the first sound so long as the patient is upright or the heart action is very rapid. In this latter event the characteristic presystolic murmur generally comes out distinctly in the recumbent posture with a slower action of the heart. Hence the advantage of examining a patient in more than one position. Moreover, it is always advisable to palpate the apex-beat carefully since even in a minor degree of mitral narrowing the lesion produces a thrill of greater or shorter length preceding the apex im-pulse. For other corroborative signs the reader is referred to works on physical diagnosis, since space forbids their enumeration here.

There is or should be no difficulty in detecting the diastolic murmur of aortic regurgitation, but cases are seen now and then in which the bruit is so brief in duration or so indistinct that strict attention is necessary, and the murmur must be sought for all the way down the sternum and on the body of the heart or when the patient is reclining, sitting and standing. There are also characteristic features of the pulse and changes in the size of the heart that should be sought and are too well

known to be mentioned here.

One should bear in mind, however, that the recognition of an aortic leak is not the whole nor indeed the essential part of the diagnosis. It is necessary to determine the cause of the regurgitation, that is, whether it be due to an antecedent valvuregurgitation, that is, whether it be due to an antecedent valvulitis of rheumatic origin or be only a manifestation of a syphilitic mesaoritis that has led to dilatation of the vessel and of the aortic ring. This is not always possible from the anamnesis or even from previous symptoms. If the arch of the aorta cannot be recognized as dilated (a condition sometimes present in cases of rheumatic aortic insufficiency) lues may be surmised when the lesion in question occurs in an adult without history of previous rheumatism and when the diastolic bruit wholly replaces the second tone and no systolic thrill is palpable in the aortic area. Although these last-mentioned findings may sometimes occur in aortic leakage of streptococcus origin, still they are not usual.

It is quite obvious that an etiological diagnosis is most im-

It is quite obvious that an etiological diagnosis is most im-

portant, for on this depends prognosis as well as treatment. Two instances have come recently to the writer's attention of this form of aortic regurgitation, in which a history of chancre was emphatically denied, and yet the Wassermann reaction was strongly positive in both. Therefore in every case of aortic insufficiency of doubtful etiology recourse should be had to a blood test.

The foregoing remarks make it evident that the detection of a cardiac murmur does not embrace the whole of the diagnosis. It is necessary to a complete diagnosis of heart disease that we ascertain the etiology and in particular the state of the heart muscle.—(Med. and Surg., Nov., 1917.)

Hygiene of the Teeth and Mouth.

Hygiene is the science of health maintenance and personal hygiene is not the least part of this science. Perhaps of all the many phases of personal hygiene that of the mouth and teeth is the most important.

The most important.

The mouth is the portal of the body and infection through the mouth is one of the most frequent forms. Possibly, regarded from the standpoint of efficiency, the modern mouth is somewhat out of adjustment with modern conditions, or rather modern conditions are out of adjustment with it. Although bacteria flourish within the mouth, its secretions and mucous membrane do not seem to exert the protecting power that they exert in an animal in a state of nature.

There are two main forms of menace to the health of the individual which prevail in the mouth. One is dental caries which effects the texth proper and the other is growther all.

which affects the tooth proper and the other is pyorrhea al-veolaris which is an infection of the root of the tooth and which spreads to the gums.

Decay of the teeth and pyorrhea alveolaris are direct and indirect causes of auto-intoxication which in turn brings about many obscure affections. While it would be absurd to pretend that all the ills to which flesh is heir are due to mouth infection, there are more than enough of these to justify a vigorous and world-wide campaign for a better care of the teeth and mouth and for a thorough search for mouth infection in every case of obscure disease.

In the meantime, scrupulous cleanliness of the teeth and nouth will largely prevent disease from these sources. There is no better mode of prevention than by the use of a solution of Dioxogen which combines bactericidal powers of a high order with thorough cleansing and disinfecting properties. But a mouth teeming with bacteria is not only an ever present source of danger to the health of the individual himself, he source of danger to the health of the individual himself, he is also a potential menace to the community. He will easily contract infectious disease and may spread it by direct contact. Thus proper hygiene of the teeth and mouth is a matter that concerns the public. Everybody should be taught that it is his or her bounden duty to society at large to keep the teeth and mouth in a sweet and wholesome condition.

A Palatable Bromide-Preparation

SEDATIVE
ANTI-EPILEPTIC
MILD HYPNOTIC

SEDOBROL "ROCHE"

Tablets each containing 17 Grains
Sodium Bromide, with Sodium Chloride, Fat,
Vegetable Albumen Extractives etc.

ADDED TO HOT WATER A MOST PALATABLE BOUILLON IS PRODUCED

Procurable from druggists.
TINS OF 10,30,60,100
500 AND 1000 TABLETS

for the administration of bromide to the most discriminating patients.

DOSAGE: IN EPILEPSY INCREASING SLOWLY FROM 1 TABLET TO 4 OR 5 TABLETS DAILY.
FOR OTHER INDICATIONS 1 OR 2 TABLETS ONCE OR TWICE A DAY.

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THE HOFFMANN-LA ROCHE CHEMICAL WORKS

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The
Management
of an
Infant's Diet

Constipation

Protein indigestion or the failure to take care of the casein of cow's milk may result in delayed bowel movements.

When constipation in infancy is due to casein curds it is readily overcome by employing some means of preventing

the firm coagulation of the casein.

Mellin's Food

acts upon the casein of milk in such a manner that the coagulated casein is presented in a most favorable condition for the action of the digestive fluids; therefore, Mellin's Food is especially indicated in constipation due to faulty protein digestion, and results will at once be apparent if Mellin's Food is used in sufficient amount to thoroughly attenuate the milk casein.

Mellin's Food Company Boston, Mass.

William Hodge Stars in "A Cure for Curables" at 39th St. Theatre.

Medical men will be interested in William Hodge's new play, "A Cure for Curables," at the 39th St. Theatre, New York. It is a four-act comedy, with the action laid in the Blue Grass country, and was written by Earl Derr Biggers and Lawrence Whitman, the latter being Mr. Hodge's non de plume.

In "A Cure for Curables" the star essays the role of a young Kentucky physician who inherits a rost cure contoxium with

Kentucky physician, who inherits a rest cure sanatorium, with the provision that he must cure ten patients within one month or forfeit the place to another physician. There is a happy romance woven in the plot, which also concerns the intriguing under physician who hopes to inherit the sanatorium at the young physician's failure. As the time limit grows shorter the young physician skilfully manages to effect the necessary "cures" and the institution, including the daughter of a wealthy patient, is his by conquest.

Mr. Hodge brings out much medical lore of a sound nature and his ideas of therapeutic nihilism might well be followed out if the Hodge scheme could be substituted.

On Collecting Bills and Keeping Friends.

The relations between the physician and patient are perhaps more intimate than between any other business man and the people who are his clients. To this statement no exceptions are admitted, not even that of a pastor and his flock, for rea-

sons that should be obvious.

But this relationship is not always to the advantage of the physician for the simple reason that through the very perversity of human nature many people will take advantage of a friend where dealings with a stranger would be held in scrupulous regard. A man will pay his butcher, and pigeon-hole the doctor's bill until some more convenient time. His reasons are usually as varied as they are illogical, but friend doctor has got to gright on possing his own butcher.

usually as varied as they are illogical, but friend doctor has got to go right on paying his own butcher.

The crux of the situation seems to be in that the average physician hesitates to adopt the methods of the ordinary business man, through fear that he will offend his friends. He is, therefore in a larger measure responsible for the situation. When the physician realizes the fact that the prompt collection of a bill wins respect rather than enmity, he will find his bank balance growing more respectable also.

It has been proven, beyond doubt, that just debts can be collected without antagonizing the physician's debtor or jeopardizing his practice. A well-known firm composed of men who ing his practice. A well-known firm composed of men who have specialized on credits for years, have recently reported to The Medical Times that for some time they have been giving their attention to the physician's problem with surprising results. They have actual proof of high net cash returns on all accounts that have been placed in their hands. Letters of appreciation also show that instead of losing patients through a gentle reminder of the overdue account, that old patients have actually returned with an apology for their delinquency and a renewal of friendly relations.

The system on which this firm works would prove successful

to every doctor with overdue accounts on his ledger. Those who care to investigate should address their inquiries to the Creditors Commercial Corp., 855 Ellicott Square, Buffalo, New

Guide to Organic Drugs.

The third edition of Wright's Guide to the Organic Drugs of the U. S. P. is just off the press and ready for distribution. This convenient reference book, now in its seventieth thousand, contains brief mention of the more important facts concerning the origin, properties and uses of official organic drugs, as

as those of the third revision of the National Formulary.

Other information of useful character contained in its 220 pages, printed on thin paper, refer to plant families, botanical and therapeutical terms, index of plant names, poisons and antidotes, Centigrade and Fahrenheit thermometer scale comparisons, phrases and abbreviations in prescription writing, Latin genetive case endings, symbols and signs used in prescrip-tion writing, metric system of weights and measures and table of equivalents.

This handy compendium is bound in leather and fits nicely in the vest pocket. It is one of those convenient references that becomes indispensable to both students of medicine and physicians in practice after its usefulness is demonstrated. Wright's Guide is published by Eli Lilly & Company and will be sent postpaid to our readers on requests accompanied by twenty-five cents in stamps or coin addressed to Eli Lilly & Company, Dept. F., Indianapolis, Indiana, This nominal cost, we are assured, barely covers the cost of printing, binding and

GLYCEROPHOS COMP

no sugar Even Consumptives-

whose stomachs are always easily upset-"S&D" take our product for many months without tiring and without any gastric trouble.

And that rich winey flavor-like rare old Amontillado-makes it so acceptable to the dainty palates of ladies and little folk.

Your druggist should have his new stock now. We have an abundant supply.

SHARP & DOHME

WILFORD HALL Laboratories

The most modern plant in America for the manufacture of Surgical Dressings, Plasters, Medicated Soaps, etc.

Port Chester,

New York

LISTERINE

A trustworthy, unirritating solution composed of volatile and non-volatile antiseptics extensively and satisfactorily employed in dilution up to 25% as a wet dressing for surgical and accidental wounds.

LISTERINE

Suitably diluted, applied by injection, douche or spray, often serves a useful purpose in catarrhs and conditions involving hyper-secretion from mucous surfaces. It is an efficient deodorizer.

LISTERINE

On account of its boric and benzoic acid constituents, forms a suitable lotion in dermatitis following vaccination. In various cutaneous disorders, its use allays excessive itching or irritation, and promotes cleanliness while exercising its antiseptic effect.

Descriptive literature on request

LAMBERT PHARMACAL COMPANY

Twenty-first and Locust Streets

St. Louis, Mo., U.S.A.

BUY WAR STAMPS.

If the American people are really in earnest about winning the war, they will cultivate what Mr. Basil P. Blackett of the British Treasury has called the "war-savings atmosphere," and when they are not investing in Liberty Bonds they will buy War-Savings Stamps and Thrift Stamps. To do either or both, according to one's means, is not possible in the case of most people without some self-denial.

No man or woman who has acquired a Liberty Bond is relieved from the duty of buying War-Savings Stamps and Thrift Stamps. Indeed, if they own a Liberty Bond, it should be a reproach not to be able to show an accumulation of stamps. To leave the stamps plan of lending money to the Government to those of narrow means and to the young people is to be careless of the cause of America and her allies. Loose change for the stamps when a bond can be bought with dollar bills set aside for the purpose-that

should be the rule. Does the average man or woman who earns a substantial salary or good wages have any idea of the sacrifices made by the small investors in Thrift Stamps to do their "bit" in the war? It is often a story of silent heroism. If those in fairly easy circumstances emulated the very poor nairly easy circumstances emulated the very poor whose souls are filled with unyielding resolution to do their share to win the war, what a boom there would be in the Government's receipts from sales of War Savings Certificates, War Stamps, and Thrift Stamps!

Cultivate the "war savings atmosphere," or anize clubs to buy the startes or beau contribution.

Cultivate the "war savings atmosphere," or-ganize clubs to buy the stamps, or be a contributing member. Let no man or woman poorer than yourself make a greater sacrifice to help the Government to obtain material and service



in the prosecution of the war. There is scarcely any one who forego something that costs money. Lend it to Uncle Sam and he will return it to you with 4 per cent. interest.

International Surgical Society to be Dissolved.

To the Editor of THE MEDICAL TIMES:

I have been requested-and join personally in the requestthat you will kindly publish the following Resolutions in rela-

tion to the International Surgical Society:
"It was agreed at a meeting held in Paris on November 3, 1917, of delegates of the International Surgical Society from Belgium, France, Great Britain, Serbia and the United States

feegrum, France, Great Britain, Serbia and the United States of America, that:

1. The International Surgical Society be dissolved after the publication of the Volume of Transactions of the meeting held at New York City, April 14, 1917. Should any money remain after the publication of the Volume, such money will be divided pro rata among members. Each member of the Austro-German group will receive his share; but the money belonging to members from other nations will be retained and applied to some object of scientific preparation in Belgium.

2. A new Society will be created after the war on a similar

2. A new Society will be created after the war on a similar basis, to be called the 'Inter-Allied Surgical Society.' Surgeons of neutral countries may also be elected members."

Yours very truly,

WILLIAM W. KEEN, M. D.

Philadelphia, March 15, 1918.

The Effective Treatment of Burns.

The conspicuous results obtained with the paraffin treatment in France have created a demand for a dependable preparation in this country. Accordingly Redintol has been prepared and

Applied according to directions Redintol promptly relieves burning and smarting. Healing proceeds rapidly with the great advantage that scarring and contractions are reduced to a advantage that scarring and contractions are reduced to a minimum. Redintol, therefore, opens up new and far reaching possibilities in the treatment of burns, and enables the practitioner to accomplish results that he has rarely, if ever, been able to obtain with the other measures at his command. Samples and full directions to physicians on request to Johnson & Johnson, New Brunswick, N. J.

An Enormously Powerful Germicide.

Germicidal Soap Mild (P. D. & Co.), which contains 1 per cent. of mercuric iodide, has a carbolic-acid coefficient of 30. In other words, this soap (not the mercuric iodide it contains) as a germicide is 30 times as active as pure carbolic acid. Pure carbolic acid is 20 times as active as the carbolic solution usually employed (5 per cent); so Germicidal Soap, 1 per cent, is 30 x 20 or 60 times as active as a 5 per cent, solution of carbolic acid. A rich lather will contain 1 per cent, of Germicidal Soap which is therefore in the contain 1 per cent, of Germicidal Soap which is therefore in the contain 1 per cent. dal Soap—which is therefore six times as active as 5 per cent. carbolic or equal to 30 per cent. carbolic. Yet Germicidal Soap does not irritate the skin or injure steel or nickel.

Germicidal Soap is useful in every department of medical

practice. In obstetrics and gynecology it is a valuable anti-septic, deodorant and lubricant for the examining finger or instrument. In surgery it is an admirable general disinfectant; it can be used to prepare antiseptic solutions without measuring, weighing or waste. In office practice it is useful as a disindectant for the hands after examinations and in the treatment of parasitic diseases. It is serviceable in cleansing minor wounds; as a deodorant in cases of hyperidrosis with offensive odor; for cleansing the scalp and checking dandruff. It may be used as a shaving soap by patients having sycosis, and in the treatment of pustular acne and furuncles it may be applied freely to prevent a spread of the infection. Vaginal douches prepared from it are less irritating than those containing mer-curic chloride, and have the added advantage of the detergent effect of the soap.

The soap is marketed in two strengths: Germicidal Soap 2 per cent., containing 2 per cent of mercuric iodide; Germicidal Soap, mild, containing 1 per cent. of mercuric iodide. The 2 per cent. soap is recommended only when an exceptionally strong disinfectant is needed.

Meat Juice in France:

SECTION FOR THE WOUNDED, THE AMERICAN HOSPITAL,

PARIS, FRANCE.

We are now using Valentine's Meat-Juice in connection with our field ambulance, and are thus enabled to prepare, in the field, sustaining and comforting nourishment for the wounded. When you realize that we often find men who have been several days without food or attention, you will understand what a real service you have prepared for suffering humanity.

For the Ambulance Committee,

S. N. WATSON, Chairman.

Samuel Thomson said: "Deprive a physician of his mercury and his lancet, and he is like a lion without claws." How many readers own a lancet?

The War is Teaching New Methods of Surgery

THE CARREL METHOD

When you master the Carrel technique for the sterilization of wounds you need have no difficulty in preparing the Carrel-Dakin antiseptic solution.

All physicians' supply houses and druggists are offering surgeons the perfect process of preparing the Carrel-Dakin solution with

CHLORIN-SODA AMPOULES

Johnson & Johnson

Simply dissolve the ampoule of liquid chlorin and the tube of sodium salts in water, and in a few seconds you produce the Carrel-Dakin solution of standard strength of between .45% and .50% of sodium hypochlorite.

All settling, decantation and filtering to eliminate lime sludge is avoided; the solution is exact and definite; no analysis is necessary. The solution is ready for immediate use. You may rely absolutely upon it being the same every time.

The Chlorin-Soda Ampoules are supplied only in sets containing three ampoules of liquid chlorin and three tubes of sodium salts (sufficient for three liters of Carrel-Dakin solution).

An eight-page illustrated circular, descriptive of methods of use, accompany the tubes or will be sent to any physician on request.

THE REDINTOL METHOD

Redintol is a new dressing for burns, granulations, etc. It is a mixture of paraffine waxes and resins having dissimilar melting points, in a solid brown wax-like cake.

It becomes fluid at about 120° F. and is applied to the tissues at a temperature of about 140° to 150° F. It does not burn the tissues, but relieves the acute pain caused by the burn.

It forms a plastic, elastic, non-adherent dressing under which there is a rapid reformation of new skin, without the usual scarring, with lessened contraction of the skin and tendons. It makes skin grafting unnecessary.

Redintol dressing is easily removed without pain and without tearing the newly formed cells.

REDINTOL DRESSING Has Many Uses

Redintol has also been found useful in the treatment of chilblains, frost bites, bruises, excoriations and in conditions of raw, denuded or inflamed areas. Many other uses will be developed by the profession.

Redintol is sold in one-pound cakes by druggists and physicians' supply houses.

A four-page circular descriptive of Redintol sent free on request.

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New Brunswick, N. J., U. S. A.

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CACODYLATE OF SODA is the ideal form of therapeutic arsenic. But it must be pure, free from arseniates, chlorine, oxalates, non-oxidized compounds of cacodyle, uniform in strength, neutral in reaction, non-irritating and painless when hypodermatically employed.

CACODYLATE OF SODA CLIN

meets all these requirements and is as active as Fowler's Sol. The proportion of arsenic is 38 per 100.

INDICATIONS:

Chronic Malaria Psoriasis Anemia Glandular Enlargements Rheumatism Asthma Lues Eczema

Tuberculosis Rickets Chorea

Supplied in ampoules, globules and solution.

Literature to physicians on request.

"FOUGERA" a Periodical devoted to treatment of disease; sent to Physicians on receipt of name and address.

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Pneumococcic Infections.

C. C. Hartman and G. R. Lacy, Pittsburgh, publish a summary of their results in classifying pneumococci according to their biologic differences, using for the purpose the patients admitted from the Allegheny General Hospital and from Pittsburgh and its suburbs. Their technic was that used at the Rockefeller Institute and reported by Dochez and Gillespie, Cole, Avery and others. The pneumococci were isolated from the sputum and blood cultures were taken when certain conditions, such as meningitis, lung abscess, etc., were present or developed. In several necropsies after pneumonia, cultures were taken from the lung and heart's blood and other accompanying lesions. The purpose of these various cultures was to determine whether the pneumococci from various lesions in the body correspond with their biologic classification. Five of the patients of Group I suffering from pneumonia were treated with a corresponding antiserum, two of them developing meningitis and receiving the antiserum both intravenously and intrathecally. Blood cultures taken twenty-four hours later were positive three times in one case and twice in the other. Cultures of the spinal fluid after the serum was administered were also positive. Three of the patients treated recovered under the treatment. A table setting forth the incidence and mortality of pneumococci in 112 patients, including thirteen unclassified group. If the unclassified group. If the unclassified cases are excluded and only those of the four groups of pneumococcus infection are included, the mortality is 35.3 per cent. The incidence of the various groups of pneumococci seems to agree closely with that observed by Cole. Details are given as to the culture findings of the various groups and localities. A recurrence and second infection occurred in two patients both in Group I. The report shows that the incidence of the various groups of pneumococci occurs in a ratio similar to that of pneumonias generally. Those cases with positive blood cultures are more serious than the others. It

Weber's Syndrome.

G. B. Hassin, Chicago, defines Weber's syndrome as a complete or partial paralysis of the oculomotor nerve combined with a contralateral hemiplegia. Pathologically it signifies some lesion of the crus cerebri., Its practical value lies in the possibility of precisely locating a brain lesion, since its presence is a sure sign of involvement of a part of the brain—the peduncular region—that thus far has been inaccessible to operative inter-ference. If complete and pronounced, it is confined to that part of the peduncle adjacent to the oculomotor nerve, that isthe inner portion. Otherwise, the nerve may be spared and then the syndrome will be lacking. The few pathologic reports published show that it can be caused by softening, sarcomas and other new growths not identified, hydatid cysts and re-volver bullets, but tumors are the most frequent causes. In the modified type of Weber's syndrome, the so-called Benedikt syndrome, the paralyzed side shows a tremor resembling that of paralysis agitans, chorea and athetosis. The writer reports a paralysis agitans, chorea and athetosis. The writer reports a case in which a glioma was found involving the cornu ammonis. He remarks that a case of this type gives an excellent opportunity for studying the function of the hippocampal region, so as to discover its possible relations to the functions of taste and smell, an investigation which, unfortunately, was not made in this case. The extensive involvement of the neighboring regions, such as the thalamus, the of a Weber syndrome. Other cases demonstrate that this may be the case if other parts are involved. Yet in his own case, he says, the clinical picture is that of a purely classical Weber syndrome, in spite of the involvement of the tegmentum, when there should have been a Benedikt syndrome. Another remarkable feature of the case was the patient's excellent mental condition, in spite of the fact that a large part of the brain was totally destroyed. This absence of mental symptoms agrees with the observations of others in other cases. When mental symptoms are produced, they could not possibly be ascribed, as d'Astros justly remarks, to the peduncular lesion itself but are due rather to the accompanying cerebral arteritis or to syphilis.—(J. A. M. A.) there should have been a Benedikt syndrome. Another remarkTHE PRESENT WAR will go down into history not only as the greatest the world has ever known as between man and man, but equally as great as between man and the disease germ.

So far, it has been a triumph of hygiene: while thousands have lost their lives because of infected wounds, other thousands have been saved that in other wars would have died.

And what is more important, there have been no big epidemics such as occurred in previous wars, where deaths from disease far exceeded the deaths from violence. The hygiene that is responsible has been mostly personal hygiene.

There is nothing better—we know of nothing as good for securing personal hygiene as

Dioxogen

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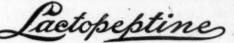
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Reporting End-Results.

E. M. D. Stanton, Schenectady, New York, points out the defects of statistics of final results in surgical cases. The reason for this, he says, is chiefly that surgeons have not as yet devised a uniform and satisfactory system of reporting the data of their observations. Some time ago he found that he had several thousand histories with end-result records exthe had several thousand histories with end-result records ex-tending over fairly adequate periods of time. But whereas they had been collected with care and labor on his part, it took much more time and energy to put the data into a form suitable for comparison and study. He also found that no two surgeons adopted the same standards of reporting their cases, so that it was impossible to compare small groups from different sources. He says that, as a rule, surgeons have attempted to state their end-results in such terms as "cured," "improved," "unimproved," or "dead." He cites a typical instance show-"unimproved," or "dead." He cites a typical instance snow-ing the difficulties of utilizing records thus kept. Such difficul-ties occur in practically all fields of surgery. All the major difficulties of case reporting disappear if we tabulate the results in terms of the periods of time for which the patients' hisin terms of the periods of time for which the patients histories have been traced after the operation, together with their state of health for the time periods. By this method the "cured" column becomes "years cured," and the term "years" is added to the other division. It is also of advantage to add the headings "years operated" and "years traced" as illustrated in the author's table of end-results. A statistical correction thinks are self evident. The wealth of information conveyed is often surprising. The system is almost universally applicable to the summarizing of surgical end-results.— $(J.\ A.\ M.\ A.)$

A Man and His Arteries.

William Brady says that "old age is curable—if taken in time." The degenerative diseases of middle age are considered, particularly the A B C of middle age, namely, apoplexy, Bright's disease and cardiac degeneration.

The one attribute which distinguishes youth from old age is elasticity. Old tissues generally are more fragile and less elastic than young tissues. As the individual grows older, the arteries begin to harden. As the degeneration processes develop, more and more calcium or lime is deposited in the various coats of the arterial wall, and the artery continually diminishes its elasticity. The deposition of the lime eventually narrows the caliber of the arteries, giving rise to a high blood pressure.

The causes of arteriosclerosis may all be summed up in one

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word-toxemia. Drinking water which contains much lime, or eating foods which are rich in lime salts, have no causal relation in hardening of the arteries. Rather it is the use of animal nitrogenous foods, leading to putrefaction in the colon, animal introgenous roods, leading to putrefaction in the colon, the use of alcohol, and overeating which are important factors in arterial hardening. Syphilis, lead poisoning, and in some cases, the toxins of typhoid fever, influenza and other infectious diseases play a part in the production of arteriosclerosis. The excessive use of tobacco is also supposed to be a factor.

The prevention of arteriosclerosis in middle life depends on the life and habits of the individual in his early life. A clean, cornel living reception and excession in the cornel control of the control of the control of the cornel control

normal living, recreation and exercise in the open air, a diet that limits animal protein and uses vegetables, and satisfactory bowel action will postpone old age in middle life.—(The Nurse, Aug., 1917.)

An Unexcelled Opportunity to Sutdy Heart Disease.

To many physicians the use of instruments of precision in connection with the diagnosis of cardiac diseases is but little known. To enable medical men to learn the methods of employment of these instruments and to have a chance to study affections of the heart, Dr. Louis Faugeres Bishop of the faculty of Fordham Medical School, will admit physicians to his private Cardiac Institute for purposes of study.

To those men who avail themselves of this unusual privilege will be afforded an opportunity to study under one of the

lege will be afforded an opportunity to study under one of the leading cardiac specialists of the country and they will see a wealth of clinical material graphically presented by a master. Doubtless many internists and general practitioners will enroll themselves in Dr. Bishop's Institute at 109 East 61st Street, New York

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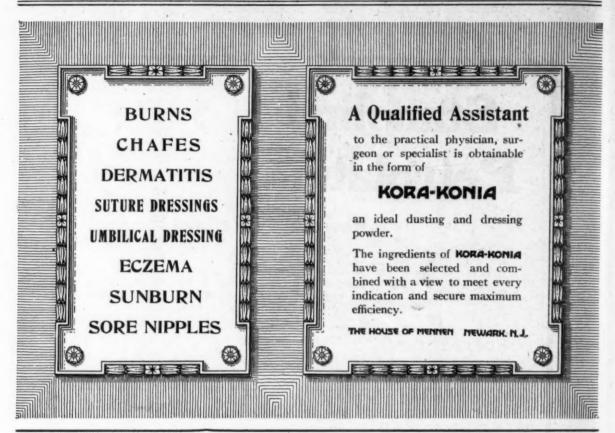
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George W. Mackenzie (J. A. M. A., Jan. 6, 1917) lays special stress upon obstruction to drainage through the eustachian tube, which is by far more important than the size of the perforation in the drum head "Correct it, and the size of the perforation often becomes a factor of secondary importance." "A simple mastoid operation will sidestep an otherwise irremovable barrier to drainage." He first applies simpler methods; these failing, he resorts to mastoidectomy. A simple operation performed early may obviate the necessity for a more radical one later. If adenoids are present, they should be removed, for reasons too obvious to enumerate. In a lesser degree hypertrophied tonsils are an important factor, and their removal may expedite a cure.

With commendable frankness, Mackenzie confesses that a case which did not "clear up" under his treatment was cured by another physician after a corrective operation on the septum. He cites this to point the importance of nasal obstruction in causing or prolonging middle ear disease. Such experiences honestly related to the medical profession serve admirably to fix the lessons they teach in the memory. He calls attention to the necessity of general treatment in ear cases having tuberculosis, syphilis, diabetes or any infection or disease which lowers vitality and the power of resistance.

Mackenzie's experience with the vaccine has proved disappointing, although he had expected much from them. "I almost hate to confess what little service the treatment has been to me. Autogenous vaccines were used when circumstances permitted; when they were not used, the stock preparations were." In short, patients without the vaccine treatment did as well as those upon whom it was used

Norwich Milk of Magnesia.

"Follow the leader" is a game with which probably every reader of this journal was more or less familiar some time during his boyhood days. It required courage and stamina and developed the commendable quality of trying to excel the other fellow. In many ways, those schoolday traits have followed us into later lafe and probably in no field is the effort to excel more lively than in the manufacture of Milk of Magnesia. In this product magnesium hydroxide is the only therapeutic agent present and the more of it that can be suspended in water and remain fluid, the better. To incorporate it in more than ordinary quantities by ordinary methods is almost impossible and this is the stumbling block that has proved such an incentive to pharmaceutical manufacturers. The amount of this hydrated magnesia found in the ordinary milk varies, some containing as little as 18 grains, while others have 24 and even 30 grains to the ounce. The Norwich Pharmacal Company has made a study of this preparation and as a result their Milk of Magnesia contains not less than 40 grains of magnesium hydroxide in each fluid ounce, suspended in distilled water, without the addition of gums, glycerin or other mucilaginous substances. Consequently it is more efficient than the ordinary product and is being used with increasing popularity by both medical and pharmaceutical professions. Specify Norwich and get the best.

Uterine Rupture.

A case of uterine rupture following anterior hysterotomy is reported by R. R. Kahle, Columbus, Ohio, who states his objection to the procedure of hysterotomy as a means of inspect-Eighteen months previously, the patient had had this operation performed for the removal of an adherent placenta. The fact that the cesarean section is predisposed to subsequent rupture of the uterus, declares the writer, is recognized, and though the outcome of the case reports was favorable, the case itself is a convincing argument in favor of clearing up a miscarriage in the old-fashioned way. He expresses his views as follows:

1. Anterior hysterotomy in a child-bearing woman is not an innocent procedure. 2 When uterine rupture occurs through scar tissue, prognosis is more favorable because there is less likelihood of severe hemorrhage. 3. The vulnerability of a ing the interior of the uterus, which he considers unsafecesarean scar makes it desirable for such patients to enter a well-equipped hospital for all future deliveries.—(J. A. M. A.)

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When is an Editor Not an Editor?

Dr. Philip Skrainka, the erudite editor of Medicine and Surgery, published this clever editorial in his January issue:
"He had been brought up with some regard for literature and

he had heard from his immediate environment that education counted for much in this world. He had read all sorts of newspapers and magazines and books of the better sort, and he had grasped the idea that there was some clever writing and some very poor writing in this world. After a number of years of ruminations in literary fields he was in a position to differentiate between the grain and the chaff, and his ideals rose as he passed into maturity. Direct thought, a literary style of some value, lucidity and ease in writing were uppermost in his mind and he said to himself that without these attributes all writing was a failure. Then he studied medicine and he was brought cheek-by-jowl with books whose hall-mark was a circumlocutory style of writing and whose thoughts were so turbid at times that he had to spend hours over certain paragraphs to get at the meaning the author had intended to convey to the reader. But the medical books were simplicity itself compared with the medical journals he read, for at least in the medical books there was some regard for grammar and some regard for punctuation. And he marveled at the clumsy carpentry that went to the making of a medical journal, and great was his One day he was introduced to a man from whose mouth there issued malformed words, who talked literature in the true there issued malformed words, who talked literature in the true vaudeville style, who knew the names of all the preparations that were the best sellers and who was firmly convinced that nothing could be taught him, whether experience, literature or medicine. Upon inquiry he learned that this very distinguished gentleman was editor of a medical journal and that his success in that exalted literary field was indisputable. And no longer did he marvel at the clumsy carpentry that went to the making of a medical journal for now he understood

making of a medical journal, for now he understood.

"The 'he' mentioned above was the writer of these lines and his innocence in his salad days, and even when he should have known better, was extraordinary. But as the years passed, he too was enmeshed in the wiles of medical journalism, and being ambitious to write he soon met an editor who cast a kindly eye on him. The result was that he became a full-fledged editor, at least he thought he was that; but after some months of service he found out that the other man who was the advertising and business manager, but who posed on the front page of the and business manager, but who posed on the front page of the journal he owned as managing editor, was indeed the sole representative of the journal. And he marveled at the state of things that made a managing editor, who never wrote a line, who knew nothing of how to conduct a journal, whose mind was engrossed with advertisements, the pilot to guide the ship each month into a port where safety from criticism would obtain. But he no longer marveled when he opened the power. tain. But he no longer marveled when he opened the pages of 'Who's Who in America' and saw the managing editor's name blazoned forth as an editor whose recreations were literature

and old prints! "The matter of editing a journal is not a simple matter and it is not a complicated matter. But it is a matter that requires a carpenter with some ambition to get into the artisan class. This is not a noble ambition, nor is it the sort of ambition that will make enemies. As regards a large number of our medical journals, the carpenter at the helm is content to remain a carpenter, and great is his indignation when assailed for his inexhaustible talent to remain stationary. Then indeed he is the genuine editor, for then he rises up in all his majesty and declaims on the success of his journal despite his educational drawbacks—these drawbacks are always mentioned in lachry-mose tones because the blame lies with father or mother who were neglectful of the educational side of this particular off-spring—and goes on to say that he knows the game of journalism without so much as dipping his pen in ink. And perhaps, after all, why should he not be proud and take unto claims on the success of his journal despite his educational himself the glory of the title of editor, for after all when one achieves great things despite obstacles, one surely should command the sympathetic ear of the public, especially if the obstacles are emphasized so as to draw sighs from the members

of one's immediate entourage.

"The writers of today have been telling us almost daily that after the Great War is over we shall live in a state of extreme happiness where nothing of an irritating nature will assail happiness where nothing of an irritating nature will assail us. They have promised us that out of the great sacrifice of life which is now going on, there shall come to us days of bliss and extreme content. In short, we shall be a new people with new ideas and new ambitions. The unwise man will be in the class in which he belongs—the unwise class, and the wise man will get his just dues. No longer, they tell us, will we have to exercise our acerbities and our mordancy in our criticism of our fellowmen, who before the Great War were in false positions and always remained there despite the loudest outcries. A gentleman will be recognized at once as a gentleman, a poet

as a poet, a painter as a painter; and the man who today is a rank autocrat with parsimonious habits as regards his wealth, will blossom forth into a gentle and mild socialist, who the burden in the most unostentatious way, thus helping the poor without making them feel that they are objects of charity and also helping the cause of refinement in manners. And let us hope that when this beneficent state obtains there will be some thought concentrated on the intricate subject of "when is an editor not an editor," and some solution of this problem, with the object that in so well-arranged a world as this is going to be, one of the greatest irritations in a medical journal's of-fice will be subdued when the so-called editor is no longer the great authority of "how I built up my business despite edu-cational drawbacks," but a simple and gentle being who will quit his work at once and seek Elysium in fields that are more congenial to him, and in which at least he can exercise his small talent in the way Nature intended him to do."

War Savings Societies-A Home Defense.

Nearly ten million individual Americans already hold securities of their country as a result of the Liberty Loan drives, and feel a just pride in their possession. In addition, through the organization of War Savings Societies, at least 30,000,000 men women and children will be added to this list. Consequently, more Americans will own a share of the securities of their nation than the people of any other country on the face of the globe.

Democracy is meaning more and more to nations. Formerly it meant only the vote and the right to have a part in the making of laws. Today it means all this and more. It means proprietorship—which comes with the actual owning of the nation's securities, and the organization of War Savings Societies

The time is near when each citizen will carry his obligation as a voter and his responsibility as a stockholder with equal resolution. A financial interest in the Government, large or

resolution. A financial interest in the Government, large or small though it may be, helps to make better citizens. Anything that tends to destroy or disrupt the Government, destroys and disrupts the individual, and he realizes this more quickly when his investment is in danger of being lost.

Our part in the organization of War Savings Societies is to enlist these additional 30,000,000 men, women and children of America in the greatest Thrift Army the world has ever known. We want them as members of War Savings Societies and as owners of United States securities. The banding together of the people of America for the purpose of systematically saving the people of America for the purpose of systematically saving to help win the war and, at the same time, becoming ever-in-creasing holders of Government securities, gives us a vision of the people's ownership which will knit the nation together as no other one thing can do.

This is the picture to stir every War Savings Society or-

ganizer. When organizing societies keep this picture in mind. The work you are doing is more vital than the raising of money. It transcends even the needs of the war. It builds, for the future, a citizenry of individual responsibility founded on in-

dividual ownership.

No greater work can be undertaken than this welding of the people of many races and creeds into business partner of the American nation, through Thrift.

Kora-Konia.

The physician realizes the importance of having at hand for regular or emergency use, therapeutic agents which have been especially designed to meet conditions present. This applies not only to drugs intended for internal administration, but particularly to products used for the purpose of protecting the skin against irritation and for the relief of inflam-mation, pain, pruritis, etc. The calls for such an agent are many and to meet the various indications, Kora-Konia Has

been introduced to the profession.

For the dressing of burns or scalds, abrasions or minor wounds accompanied by laceration, as a protective dressing for ulcers, moist or weeping surfaces, venereal sores, Kora-Konia is indispensable. It also acts as an ideal suture dressing, as a dressing in umbilical hernia and as a protective agent to prevent dressing or bandages from sticking or adhering to

wounded surfaces.

A package of Kora-Konia should be kept in the office, in the obstetrical bag and in the emergency kit, and will be found to act as a friend in need and a dependable agent, which the

doctor can ill afford to be without.

Samples of Kora-Konia will be sent to physicians on request to the House of Mennen, Newark, N. J.

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Redintol is a plastic and elastic dressing which forms an occlusive, non-adhering covering to the injured area. It can be applied with practically no pain and affords immediate relief from burning and smarting.

Redintol promotes rapid healing, with minimum scarring and lessened contractions of the skin or tendons.

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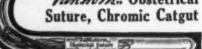
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Army Medical Corps Examinations.

The Surgeon General of the Army announces that preliminary examinations for the appointment of first lieutenants in the Medical Corps, U. S. Army, are being held at numerous points throughout the United States, on the first Monday of each month.

Full information concerning the examination may be procured upon application to the "Surgeon General, U. S. Army, Washington, D. C." The essential requirements to securing an invitation to report for examination are that the applicant shall be a citizen of the United States, between 22 and 32 years of age, a graduate of a medical school legally authorized to confer the degree of Doctor of Medicine, of good moral character and habits, and shall have had at least one year's post-graduate hospital internship.

The Government cannot pay to applicants any portion of their expenses incurred in connection with their examination, and due consideration, therefore, will be given to localities from which applications are received, in order to lessen such expenses as much as possible.

Chemistry and Physics have been eliminated as subjects of

the examination.

Those applicants who successfully pass the examination are commissioned first lieutenants in the Medical Reserve Corps, and sent to either the Army Medical School in Washingcommissioned first lieutenants in the Medical Reserve Corps, and sent to either the Army Medical School in Washington, or to a training camp for a course of instruction, covering a period of approximately three months, during which time they are their instruction, they pass the final examination, and are favorably recommended, they are commissioned first lieutenants in the Medical Corps of the Regular Army.

The Medical Corps consists of commissioned officers in numbers approximately equal to seven for every one thousand of the total enlisted strength of the Regular Army authorized from time to time by law, proportionally distributed among the grades and in the ratios as follows: Colonels, 3.16 per cent.; lieutenant colonels, 5.42 per cent.; majors, 23.7 per cent.; captains and first lieutenants, 67.72 per cent.

Promotion to the grades of major, lieutenant colonel, and colonel is by seniority. subject to examination.

The Surgeon General, who, under the permanent law, has the rank of brigadier general and is the chief of the Medical Department, is selected from among the officers of the Medical Corps not below the grade of lieutenant colonel.

PAY AND EMOLUMENTS.

To each rank is attached a fixed annual salary, which is received in monthly payments and this is increased by 10 per cent. for each period of five years' service until a maximum of 40 per cent. is reached. A first lieutenant receives \$2,000 per annum, or \$166.66 monthly. At the end of five years (during the period of the war, at the end of one year) he is promoted to captain, subject to examination, and receives \$2,400 a year, with an increase of 10 per cent. after five years' service, making \$2,640, or \$220 per month. After ten years' service the pay would be \$2,880 annually, or \$240 per month. The pay attached to the rank of major is \$3,000 a year, which, with 10 per cent, added for each five years' service becomes \$3,600 after ten years' service. for each five years' service, becomes \$3,600 after ten years' sertor each hve years' service, becomes \$3,000 after ten years' service, \$3,900 after fifteen years' service, and \$4,000 after twenty years. The maximum monthly pay of lieutenant colonel, colonel, and brigadier general is \$375, \$416.66 and \$500, respectively. Officers, in addition to their pay proper, are furnished with allowance of quarters according to rank, either in kind, or, where no suitable Government building is available, by commutation; fuel and light therefor are also provided. When traveling on duty an officer receives mileage for the distance traveled, including the travel performed in joining first station after appointment as first lieutenant. On change of station he is entitled to transportation for professional books and papers and a reasonable amount of baggage at Government ex-pense. Groceries and other articles may be purchased from the commissary at about wholesale cost price. Instruments and appliances are furnished for the use of medical officers in the performance of their duties. Well-selected professional libraries are supplied to each hospital, and standard modern publications on medical and surgical subjects, including medical journals are added from time to the control of nals are added from time to time. At each military post there is also a laboratory, and medical officers are encouraged to carry on any special line of professional study which appeals to

carry on any special line of professional study which appeals to them and which fits them for their duties as medical officers. Officers of the Medical Corps are entitled to the privilege of retirement after forty years' service, or at any time for disability incurred in the line of duty. On attaining the age of 64, they are placed on the retired list by operation of law. Retired officers receive three-fourths of the pay of their grade (salary and increase) at the time of retirement.

At the present time there are approximately seven hundred vacancies in the Medical Corps.

The Dioxogen appeal to the Physician is the embodiment of the Physician's doctrine of PERSONAL HYGIENE. It is the medium by which his teachings may be put into effect, the connecting link between theory and practice.

Dioxogen

perhaps better than any other known substance makes Personal Hygiene attainable, makes it possible to apply to the human body those practices which secure hygienic cleanliness.

pathogenic germs but makes disease dirt harmlees; it purifies everything it touches and, as harmless as water, it may be used almost as freely.

More effective than the official Carbolic or Bichloride solutions and possessing very remarkable detergent properties, Dioxogen may be safely and freely employed on the human body.

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The Efficient Spinal Supporter.

It is the opinion of a large majority of the medical profes-

sion that in cases of spinal curvature, no matter how caused or of what nature, a spinal supporter or brace is indicated.

The efficient spinal supporter should be so constructed as to elongate the spine, for all admit that the only way to straighten a crooked spine is to extend it, to separate the individual vertea crooked spine is to extend it, to separate the individual vertebras and allow as little pressure as possible on the intervertebral cartilages and the roots of the spinal nerves. It should exert a gentle but constant lift between the hips, the torso and the axillary folds, thus removing the weight of the upper portion of the body from the spine, transferring it to the hips.

The efficient supporter should be light in weight and comfortable to wear, so that the patient's general health will not be affected by weight or undue pressure anywhere. It should be adjustable that advantage may be taken of improvement in

be affected by weight or undue pressure anywhere. It should be adjustable that advantage may be taken of improvement in the patient's condition and easily removable to permit of examination and to facilitate bathing, massage and medication. While giving proper longitudinal support, the efficient supporter should be flexible to allow of movement and exercise sufficient to prevent wasting or atrophy of the muscles. Plaster of Paris casts, sole-leather jackets and steel braces will in many cases bring about satisfactory results but the

will, in many cases, bring about satisfactory results, but the shortcomings of this rigid form of support are apparent to the modern practitioner. A heavy and rigid apparatus, through the discomfort it brings the patient, meets with opposition from all parties concerned and is often discarded before being worn a sufficient length of time to demonstrate whatever merit it may

Many cases of spinal irritation and general neuresthenia, without actual spinal curve, need a spinal supporter. Most of these patients will welcome a light and comfortable apparatus but find great difficulty in wearing the cast, jacket or brace frequently ordered by Orthopaedists.

In cases of anterior polio-myelitis, a muscle grafting is or is not done, support of the spine is indicated and should be advised

In cases of spinal tuberculosis, it is especially necessary to remove the weight of the upper portion of the body from the vertebras, and a comfortable, efficient appliance is indicated.

On another page in this issue appears the advertisement of the Philo Burt Appliance, which we believe is the most practical and efficient spinal supporter on the market. This appliance is made by the Philo Burt Manufacturing Company at Jamestown, N. Y.

CARDIAC

Dr. Louis Faugeres Bishop offers opportunity for practicing physicians to study disorders of the heart and their treatment at his private Cardiac Institute.

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coming from these impurities.

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This ether is proving a boon to the surgeon and his patient and any hospital can prove the company's claims by writing for a gratis quantity at Albany, N. Y.

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Is there anything more harmlessly comforting in these pain-

ful conditions than K-Y Analgesic, locally applied?
"Sick headache," "bilious headache," "nervous headache" and
just "plain headache" are usually relieved when K-Y Analgesic

is properly employed.

The local use of K-Y Analgesic does not in the least take the place of, or interfere with, any treatment looking to the re-



moval of the cause of the headache. Rather, K-Y Analgesic is simply a useful adjunct to general treatment.

K-Y Analgesic is not a panacea—it is simply a safe, non-

greasy, local anodyne, remarkably effective within its rational limitations.

Samples will be forwarded to physicians on request to Johnson & Johnson, Van Horn & Sawtell Dept., 15-17 East 40th St., New York City.

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Valuable Agent in Local Treatment of Acute and Chronic Nose and Throat Conditions

In its pure state, Stanolind Liquid Paraffin is an emollient, soothing the inflamed area of the mucous membrane of the nose and throat.

It also is a convenient solvent for camphor, menthol, thymol, eucalyptol, etc.

Stanolind Liquid Paraffin is used as a spray. It is easily broken up in any standard nebulizer, and will not gum up or choke the instrument.

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is unapproached in purity, and may be applied without incorporating with it any therapeutic agent.

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However, surgeons may use it as a base for any of the published formulas, and may be assured that it is the purest and best wax that modern science can

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Stanolind Petrolatum is manufactured in five grades, differing one from the other in color only.

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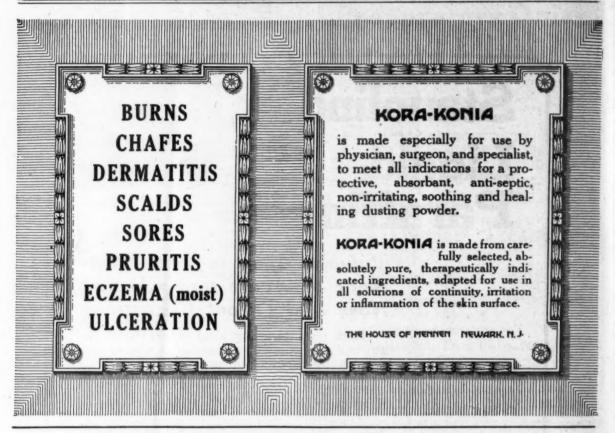
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Fungoid Growth.

Case I. Lady, advanced age, fungoid growth, warty texture, on leg. The excresence grew to size of an average filbert; itching almost unbearable at times and tendency to scratch uncontrollable, especially during sleep.

To allay this itching, Listerine in full strength was applied several times a day and after a few applications it was noticed that the top of the growth turned gray and that these gray flakes could be lifted without in any way affecting the remaining body of the wart. The Listerine entirely stopped the itching and each night a thin scale was removed until at the end of about four months the entire growth had disappeared, not even a scar remaining to show where it had been.

Case II. Some time ago something of the same kind began growing on my own left lower eyelid, not larger than the point of a pin when first noticed; it grew until it interfered with eyesight; and then I would remove it with the right kind of surgical instruments, which I always immersed in

kind of surgical instruments, which I always immersed in Listerine for ten or fifteen minutes before using—indeed, for this purpose I have never used anything but Listerine for many years. When I learned of the result of the use of Listerine in the above case, I at once made application of the preparation in my own case. The Listerine at once inhibited growth, seemed to kill the outer integumen entirely. This lifted off revealed a sore of bulbous growth underneath, with only the membrane over it, but there was no bleedings. revealed a sore of bulbous growth underneath, with only the membrane over it, but there was no bleeding; never an open sore. Progress was slow for several months, during which time the wart was slowly reducing in size until one evening when performing the usual excision, the entire scale came away in the tweezers, leaving clean pink skin underneath; this pinkness lasted but a day or two when the eyelid resumed its normal appearance in every respect.

A number of cases similar to the above in which the Listering treatment was used have resulted equally satisfactory, but a

ine treatment was used, have resulted equally satisfactory, but a few months faithful treatment is necessary to success.

Anasarcin.

The fact that excessively rapid action of the heart is a prominent symptom in Basedow's disease, particularly in the acute forms, and that in the chronic form heart hurry is a conspicuous symptom, suggests that treatment should be directed with a view to bridle the heart, counter-act the influences which cause it to beat more rapidly than normally and thus exercise a beneficial influence upon the other symptoms. For this purpose, Anasarcin tablets are being employed

with excellent results. Anasarcin tablets control cardiac action by stimulating the cardiac motor ganglia. At the same time, the cardiac fibres of the pneumo-gastric nerve are inhibited and the normal relation between diastole and systole is restored. If the thyroid enlargement is not pronounced, the administration of Anaearcin tablets has a marked tendency to prevent vaso-motor dilatation

and consequent hypertrophy.

By controlling some of the most distressing symptoms of exophthalmic goitre, symptoms of which the patient complains most bitterly, there is exerted a favorable influence upon the nervous and mental condition of the patient which is of great therapeutic advantage.

Samples and literature of Anasarcin tablets will be sent to any physician on request by the Anasarcin Chemical Company, Winchester, Tenn.

Cacodylate of Soda-Clin.

Since the introduction of Cacodylate of Soda, a great amount of clinical and experimental data have been accumulated which at first thought is apt to confuse the reader because there seems to be a difference of opinion as to whether or not Cacodylate of Soda is free from unpleasant, irritation action and effect.

There is a tremendous variation in composition of this salt and in order to make sure of getting adequate results without irritant effects, the physician should insist upon the Cacodylate of Soda made at the Clin Laboratories in Paris, a per-fectly pure Cacodylate of Soda, containing no arsenates, chlorides, oxalates, or non-oxidized compounds of Cacodyle.

The Clin product is not only pure, absolutely neutral, and non-irritating, but so careful are its manufacturers that a specially made neutral glass is employed for the ampoules in

which the solution is supplied.

Any physician who has not had satisfactory results from the use of Cacodylate of Soda should write for samples and literature which will be sent on request, by E. Fougera & Co., Inc., 90-92 Beekman Street, New York City.

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Compatible with almost any other medicinal agent likely to be required in this class of cases, there is no more acceptable antiseptic solution than

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Lambert Pharmacal Company

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A Useful Local Anesthetic.

It is doubtful if any new remedial agent in many years has met with a readier acceptance by American physicians and surgeons than is being accorded to Apothesine, the synthetic local anesthetic recently announced by Parke, Davis & Co. The prompt appreciation which has marked the advent of this new product is gratifying for two reasons: Apothesine is an efficient and broadly useful local anesthetic; it is a fruit of American enterprise and research.

Apothesine is described as the hydrochloride of gammadiethyl-amino-propyl cinnamate. It occurs in the form of small snow-white crystals, having a melting point of 137° C. If desired, it may be sterilized, in solution, by boiling, and it

can be combined with any of the usual synergists.

Clinical reports show that Apothesine is as potent as the popular synthetic local anesthetics, while it is less toxic than most of them. It is not a derivative of cocaine, and it does not induce "habit" formation. It is not subject to the narcotic

Apothesine is supplied in hypodermatic-tablet form, as fol-

H. T. No. 216—Each tablet contains 1¼ grains of Apothesine. One tablet in 60 minims of water makes a 2% solution. Vials of 20 and 100

Vials of 20 and 100.

H. T. No. 217.—Each tablet contains 3/5 grain of Apothesine and 1/1600 grain of Adrenalin. One tablet in 60 minims of water makes a 1% solution of Apothesine in Adrenaline 1/10/000 Vials of 25 and 100

1:100,000. Vials of 25 and 100.

Parke, Davis & Co. announce that they will be pleased to send literature on Apothesine to any physician or surgeon who is interested in the product.

The Exercise of Common Sense in Present Day Therapy.

Experience has demonstrated pretty conclusively that it is unwise on the part of the physician, under present day conditions, to write prescriptions for extemporaneous preparations of potassium or sodium bromide because of the great danger that the drugs supplied, even by scrupulously honest druggists, will be widely variable in their quality and strength. The use of a preparation such as Peacock's Bromides, however, obviates this danger, since conditions which enter into its manufacture insure a product of the highest quality and constant unchanging character. It is the difference between preparations of unknown and known responsibility. Peacock's Bromides are put out by a responsible firm that has been serving the medical profession for many years. In connection with no preparation at the command of the profession has the foregoing been more evident than with Peacock's Bromides. Not only has every care been given to the selection of the salts entering into its composition, but equal attention has been paid to keeping the composite preparation true to its established standards. As a consequence, results have been obtained with degrees of precision and efficiency that have proven the superiority of Peacock's Bromides beyond all question, and been responsible for the steadily increasing host of medical men who have come to prefer this combination whenever the bromides are indicated.

It is evident that Peacock's Bromides has won the regard and confidence of thousands of American physicians. This would never have come to pass if this particular combination had not accomplished the results they have sought more satisfactorily than any other bromide preparation. These practitioners, keen, capable observers, have found Peacock's Bromides a safe, effective and reliable nerve sedative.

Kora-Konia.

There was a time when the use of so-called antiseptic powders was so common as to constitute a routine measure in the treatment of wounds and inflammation or irritation of the cutaneous surface.

The importance of asepsis and the fact that a clean wound will heal without the aid of antiseptic applications, has modified to a considerable degree the methods employed by progressive physicians. But, while the antiseptic action of such dusting or dressing powders has been to some extent discounted, it has been realized that certain other properties are not only

desirable, but in many cases almost imperative.

The ideal dressing or dusting powder should be absorbent, mechanically lubricant, slightly astringent, soothing and healing. It should be composed of carefully chosen ingredients, of requisite purity, proportioned and combined in accordance with the needs of the tissues with which it comes in contact.

All of which emphasizes the value of Very Veriate ideal.

All of which emphasizes the value of Kora-Konia, the ideal agent for use by physicians, surgeons, obstetricians, specialists and nurses. Samples of Kora-Konia sent to any physician on request to the House of Mennen, Newark, N. J.

The Rational Treatment of Rectal Disorders.

A good deal of difficulty has always been met in devising or procuring a convenient local remedy for rectal disorders which would be at the same time efficient, non-irritating and cleanly. Those which were efficient were apt to be irritating, and those which did not irritate were almost invariably of little or no use.

Medeol Suppositories reach the happy medium. They are not

Medeol Suppositories reach the happy medium. They are not only effective, but never give rise to disagreeable results. They possess antiseptic, mildly astringent and markedly potent anodyne properties. Their styptic action in the case of bleeding hemorrhoids is prompt and satisfactory. They relieve quickly and effectually the pain and soreness which accompany hemorrhoids, and in many instances obviate the necessity for operative measures.

Although Medeol Suppositories are especially indicated in the treatment of hemorrhoids, their range of therapeutic usefulness is wide, and they can be relied upon to exert a beneficial action on chronic proctitis, pruditus ani and vulvae, vaginitis, hypertrophy of the proctets and ulceration of the rectum.

hypertrophy of the prostrate, and ulceration of the rectum.

Medeol Suppositories are the embodiment of the convenient, rational and cleanly treatment of rectal disorders, because, owing to their composition and physical character, they make possible the direct application of the remedial agents with complete freedom from the objectionable features of greasy ointments, etc. They do not contain any narcotic drugs. Samples cheerfully sent on request. Medeol Company, Inc., 802 Lexington Ave., New York.

Sanitubes and Venereal Prophylaxis.

One of the most important issues of the day, and one that is receiving an increasing amount of attention and study, is the control and reduction of venereal diseases. This is, first of all, a medical problem and permanent results can not be obtained unless it is handled as such. These diseases need give us no more concern than now do smallpox, typhoid fever and others, if the medical profession is but allowed to fight them from that angle and not restricted and hampered by the moral questions which properly belong in other hands. Sanitubes will be found of the greatest assistance to the doctor in the campaign against the venereal evil. They are a personal prophylactic of the highest possible efficiency and the utmost care is taken to keep them so. They consist of a non-

Sanitubes will be found of the greatest assistance to the doctor in the campaign against the venereal evil. They are a personal prophylactic of the highest possible efficiency and the utmost care is taken to keep them so. They consist of a non-irritating, non-staining ointment in a small tube having an elongated nozzle. All three venereal diseases are prevented by one application. If all the laboratory, experimental and statistical data behind these tubes is examined, it will be found they are exactly as represented and will do what is claimed. They

do not encourage indulgence or immorality.

There is need of Sanitubes. Whether specialist or general practitioner there are opportunities for you to recommend this protection. Detailed information and sample Sanitubes (regular size) may be obtained from The Sanitube Company, New port, R. I., on request.

Cholera Infantum and "Summer Complaints."

In the acute serous diarrica associated with intense griping pain so characteristic of cholera morbus and types of so-called "summer complaint," as well as in true cholera infantum, a remedy that is both antiseptic, astringent, protective and demulcent and which does not contain opiates, is a desideratum long anticipated by the medical profession.

Such a preparation is found in Bismosal. Its digestive and antiseptic ingredients relieve the faulty digestion with its attendant fermentation, while the protective, astringent and demulcent properties tend to relieve the congested mucous membrane and to prevent the absorption of toxic material present. It is made by The Norwich Pharmacal Company of Norwich, N. Y., who are offering to submit samples with formula to the profession.

Harry Campbell writes:

"Since obesity restricts both costal and diaphragmatic movement, and at the same time curtails the respiratory area, it necessarily impedes the circulation, causing the blood to flow with increased difficulty through the lungs. Hence the tendency to hypertrophy and dilatation of the right heart in the obese, and for the blood to be dammed back upon the great veins. The circulation being sluggish and the respiratory action curtailed, the further formation of fat is favored. Thus fat begets fat."

It is becoming more and more realized that the line between sickness and health is at times so vague that ordinary persons are not able to intelligently prescribe for themselves.—(Good Health.)

"Sick Headache"

-and other headaches-

are usually relieved more or less promptly as you remove their cause. In the meantime—

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locally "rubbed in," will usually afford comfort without blistering or soiling.

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No fat or grease. Samples and literature on request. Water-soluble. Collapsible tubes, druggists, 50c.



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If you favor immediate repair, use our especially chromicized catgut prepared to hold seven to twelve days. Each strand of this special

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is threaded on a suitable needle, ready for instant use. Indispensable for your surgical bag. One tube in each box. Price, 25 cents each; \$3.00 per dozen tubes. No samples.

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Paraffin Treatment of Burns

is successfully applied by the use of

REDINTOL

Made from carefully selected ingredients of the highest quality, and combined in proportions to insure the most satisfactory results, Redintol makes possible the ready application of the newest and most effective method of treating burns, even of the most severe degree.

Redintol is a plastic and elastic dressing which forms an occlusive, non-adhering covering to the injured area. It can be applied with practically no pain and affords immediate relief from burning and smart-

Redintol promotes rapid healing, with minimum scarring and lessened contractions of the skin or tendons.

Redintol is supplied in individual packets, ready for immediate application.

Sample and Full Directions on Request,

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New Brunswick, N. J.

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Hand Disinfection

can be easily and conveniently accomplished by the use of

SYNOL SOAP

This efficient liquid soap enables the physician and surgeon to cleanse and disinfect the hands with gratifying freedom from the irritating effects of caustic soaps and antiseptics. It is particularly serviceable to those who have to cleanse the hands many times each day. Invaluable in the office, operating room and sick chamber.

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CLEANSING— DEODORANT

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Quality is the Acid Test of Worth

Cacodylate of Soda has come to be regarded as the ideal form in which to employ arsenic therapeutically.

But, it must be neutral in reaction, of definite and uniform composinon-oxidized free from arseniates, chlorine, oxalates, or compounds of cacodyle.

Cacodylate of Soda Clin.

meets every requirement, fulfills every indication. The proportion of arsenic is 38 per 100,

Anemia Malaria Tuberculosis Neurasthenia Rickets Chorea

Asthma **Psoriasis**

Rheumatism Eczema, etc.

Literature on request

" FOUGERA" a periodical devoted to treatment, sent on request



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CLINICAL REPORTS OF SYPHILITIC CASES.

JAMES A. CAMPBELL, M. D., New York.

The following are clinical reports of a number of cases of syphilis treated by a remedy new to American physicians a though used in France for some time. I became interested in syphilodol some two years ago because I was unable to procure neosalvarsan or salvarsan. The results obtained from syphilodol have been so satisfactory that I have employed it exclusively for two years in all cases requiring this method of treatment. In my experience with syphilodol I am free to confess that the results have been far superior to those de-

rived from any other method.

The permanency of the effects of syphilodol are best shown in the following cases:

CASE 1. Mr. McL. came to me with a clear history of CASE I. Mr. McL. came to me with a clear mistory or syphilis and was given salvarsan at proper intervals. After the third injection a negative Wassermann was obtained. Some time after a test showed 3+. I placed him upon syphilodol tablets, beginning with one tablet three times a day, with a weekly dose of castor oil. After the second week he was put on two tablets, t.i.d., and continued in this way for two months. A Wassermann made six weeks after beginning treatment with explicitly account negative and two tests made since with syphilodol proved negative, and two tests made since then have also been negative.

CASE 2. In this case no clinical evidences of the disease were

was syphilitic. He requested me to give him salvarsan treatment, which I did, and after two injections at proper intervals a Wassermann test showed 3+. July 19th I placed him on syphilodol tablets. For some reason I cannot explain he went to someone else and is said to have received two more injections of salvarsan but later returned to me for a Wassermann test in the winter of 1916-17. The report was 3+. This time I placed him upon treatment with syphilodol both intravenous and by mouth because he seemed to be a very stubborn case. The last test made in August, 1917, was negative.

This case is of interest because there was no history of syphilis, and because it shows the importance of making the Wassermann test a part of our routine work.

Mrs. D. was unable to give any explanation as to the origin of syphilis in her case, but she was so nervous and run down when I saw her that I had an examination made for tubercle bacilli. I had known her for a great many years and could hardly excuse myself for making a Wassermann test. However, it was made and shown to be 4+. Her husband denied syphilis and the test confirmed this statement. She was then put on syphilodol tablets and instructed to follow out the direc tions given; these were strictly followed with the result that two Wassermann tests have been negative.

The next two cases are types of a class that are frequently seen and which show that not only the husband, but also the wife, regardless of the fact that she had a negative Wasser-

mann, should be placed upon anti-syphilitic treatment.

Cases 4 and 5. Mr. K., a blind man, came to me with the idea that he had syphilis, just after I had treated his wife for an abortion. Because of the inquiries I had made at the hospital concerning his wife, the presence of syphilis being estab-tablished, he was placed on syphilodol tablets. On account of an idiosyncrasy I found that two tablets were his limit, and for this reason improvement was much slower than usual. continued taking syphilodol for a year; his wife was placed under the same treatment, and the last tests made in July of this year were in both patients negative. The wife is at present under treatment for pyosalpinx in a New York hospital, but both she and her husband appear to be completely free from any manifestations of syphilitic infection.

Case 6. Mr. R. consulted me because his wife was pregnant and he had had syphilis. His blood showed 4+, while that of his wife was negative. Remembering the statement that children do not inherit syphilis, I placed the wife as well as the husband upon intravenous treatment with syphilodol. The first Wassermann made on the husband after three months' treatment resulted in 1+; in the wife it continued negative. He

The results which I have obtained from the use of syphilodol have convinced me of its great value. I have not relied upon my own observations in these cases, but the results in all have been confirmed by careful Wassermann tests.

DOCTOR, we will make a Spinal Appliance to order for any case and allow a 30-day trial

Did any other orthopædic institution ever make you a like offer? Do you know of any other orthopædic institution that will make you a like offer? We offer to make you an appliance to special order for any of your patients and let it prove its usefulness,

We have been doing business on that plan for more than fifteen years. During this time more than 30,000 cases of spinal trouble have been either wholly cured or greatly benefited by the Philo Burt Method, consisting of a light comfortable appliance and special exercises.

If you have a case of spinal weakness or deformity now-no matter whether it is an incipient case or one seriously developed-write us at once and we will send you full information about this wonderful method. with incontrovertible proof of its efficiency.

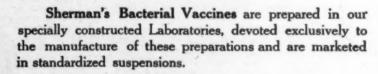
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Disease Prevention.

Research and investigation have conclusively demonstrated that communicable diseases are either of parasitic or bacterial origin, and that those due to germs are transmitted directly by infested individuals through the medium of their bodily discharges.

It is true that it has been known for many years that general cleanliness is a protection against disease, but in the light of latter day knowledge it is now realized that it is only a specific cleanliness carried out along definite lines which can control

and eliminate disease germs.

In other words, it is a question of applying the practical principles of personal hygiene rather than of simply improving the surroundings and environment. The great object, then, is to prevent communicable diseases from spreading from individual to individual and the logical method of attaining this and would seem to be to five their factors. end would seem to be to free the infected person from pathogenic organisms, and therefore render that person impotent for evil to those with whom he comes in contact.

In this connection the use of Dioxogen is a preventive measure of the first order, not only because it is a germicide of gratifying efficiency, but because it will exert its bactericidal action without offering the slightest harm or injury to bodily tissues. The foregoing make it particularly serviceable for disinfecting the nose, throat and mouth, and it can be used with every confidence in its freedom from any poisonous or disagreeable effect. As a matter of fact the popularity of Dioxogen and its extensive use by thousands of the leading practitioners of the country have been due not only to the extreme satisfaction that has attended its use in medical and surgical practice, the cleansing of infected wounds, etc., but also to the way in which it has made it possible to carry out the principles of personal hygiene in regard to the nose, and mouth, the care of the teeth, and so on. In brief, Dioxogen has proven itself the ideal germicide and antiseptic—effective, convenient to use, and absolutely safe.

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Torula in Man.

P. H. Pierson, San Francisco, reports a case of torula in man with necropsy findings. Torula is a form of yeast producing lesions in the nervous system, which macroscopically resemble tuberculosis from which they must be differentiated as well as from coccidiosis and blastomycosis which are recognized as two different diseases. Coccidiosis is produced by an organism varying greatly in size, which sporulates but never buds in tissue. It stimulates tuberculosis, and is largely confined to the San Poaquin Valley, Calif. It is nearly always fatal. Its size may range from 30 to even 80 microns. No successful treatment has been found. The organism of blastomycosis varies in size from 3 to 20 microns. It buds but never sporulates and produces nodules with or without caseation and superficial abscesses. It may affect all organs that are benefited by the use of iodids. Years ago a case was reported in which torulae were found to have a marked pathogenic action in animals but up to the present time there have been only six cases reported in man. Torula is distinguished from true yeast by its absence of endospore production, by the fact that it never produces mycelium, that it usually does not ferment sugars and that it reproduces itself only by budding. It is also more pathogenic for animals than is the true yeast. The central nervous system is especially susceptible to this organism which sometimes attacks other organs as well. The changes in the meninges show a chronic inflammatory reaction, with areas of caseation like tuberculosis if the lesion is extensive. The organisms, which usually occur in cells, bud and then, as a rule, destroy the cells. The size varies from 1 to 13 microns. In the older stages, the organism develops a resting stage with definite evidence of healing. While always chronic, the disease is not always fatal. The lesions may occur in various parts of the brain and, though small, are very serious. Morphologically, torula may be differential from eoccidioides by its uniform size, by different method

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Bone Regeneration.

In 14 cases Zehbe had an opportunity to observe the developnents which took place after subperiosteal removal of a hol-low bone. (Fortschr. a. d. Geb. d. Roentgenstrahlen, 1916, xxiv., I.) A subperiosteal resection of about one-third of the fibula was made for wedging of viciously healed fractures. Regular examinations made at certain intervals showed the progress which the substitute of the resected piece of fibula made, and showed moreover that the reconstruction of the bone progressed with different degrees of promptness in different persons.

In general, regeneration apparently progressed more promptly at the beginning than later on. Substitution of the resected bone-piece is not uniform but always begins and progresses from the proximal stump. On the distal end the regenerative tendency is very slight. A comparison of the length of the proximal callus with the distal callus shows on the average a proportion of 4 to 1. In the same way the principal designation of the contract of t cipal development of the callus is upon the medullary part of the periosteal tube. This must, therefore, offer more favorable conditions for regeneration than the lateral.

For these peculiar results the author gives this explanation: In the described cases it was ascertained without exception that new bone development in the proximal as well as in the distal stump is strongest in the medullar part, therefore on the side which lays nearest the principal blood supply. Something similar is known from general anatomical developments. in the fœtus, the organs which are nearest the umbilical vein develop first, viz., the liver, the heart, the head, then the extremities. The same conclusion seems consistent in the case of bone regeneration, that is to say, that it is distance from the blood stream which causes the dissimilarity in the rate and amoung of the regenerative tendency in bone.—(S. G. O.)

Preservation of Complement.

R. W. Rhamy, Fort Wayne, Ind., has sought to find some substance which could be used to avoid the inconvenience of renewing complement at least every two days. He systematically tested a great number of substances for hemolytic and anticomplementary activity, and found that chemically pure sodium acetate possessed no hemolytic power and did not interfere with the hemolytic system even when present in excess or in crystalline form. This solution was then used as

excess or in crystalline form. This solution was then used as a diluent for guinea-pig serum in preparing the usual 40 per cent. dilution for complement, and parallel tests were made with this and the regular 40 per cent. dilution in sodium chlorid solution on all complement fixation tests.

"In no case has the result of the Wassermann reaction varied as between the two complement solutions (unless perhaps a tendency of the acetate complement to give clearer cut reactions), and the unit of complement of both solutions was always the same. Guinea-pig serum thus diluted to 40 per cent., with 10 per cent. sodium acetate in 0.9 per cent. sodium chlorid solution, whose unit was found to be exactly 0.1 c.c., was placed in an ordinary refrigerator, and tested from time was placed in an ordinary refrigerator, and tested from time to time for loss of strength. At the end of five days the unit remained constant at 0.1 c.c.; at ten days the unit is 0.11 c.c., and there was no bacterial clouding." Further investigation has shown that a stronger solution would be more effective. The diluent works equally well with alcoholic extracts or with cholesterin antigen.—(J. A. M. A.) effective.

Psychological Parallelisms Between Speech Disorder and Oral English.

A study of speech defect, says W. B. Swift, in the varying degrees of psychological content, with corresponding change of brain background shows that the psychological content corre-

sponds to the amount of oral output.

A study of a variety of types of speech defect shows that the output varies somewhat according to the type within the class. Brain structure, psychological content, and oral output thus run pretty constantly parallel between different classes of mental defectives. This shows that in the background we have a pretty firm establishment of a mental type with which we must deal.

I will carry my conclusion to its end, and say that in what we term the normal individual, structure, psychological content and oral output therefore run vaguely parallel in normal types and are only partially educable, changeable, variable, but are mostly fixed, fatalistic and firm.—(Quart. Jour. Public Speaking, Vol. III, No. 3, 1917.)

Brachial Neuritis and Sciatica.

H. T. Patrick, Chicago, believes that there is a general misapprehension as to the frequency of brachial neuritis and sciatic neuritis or sciatica. In his records of private practice for the last ten years only 10 per cent of the patients referred to him, supposedly with brachial neuritis, really had it. Approximately four-fifths were cases of arthritis of the shoulder joints and the other one-tenth was made up of cases of bursitis, syphilis, neoplasm, cervical rib, postherpetic pain, osteomyelitis, cervical caries and cervical arthritis. A patient who thinks he has neuritis of the shoulder can be safely supposed to be suffering from something else. The errors of physicians in this regard are due to the relative prominence of pain and insufficient examination. Careful examination seldom leaves one in doubt. Neuritis is rare; the pain is constant, and is influenced very little by passive movement, or even active movement. Ordinarily, the suffering is intense, such as never occurs in arthritis except in the worst cases. Intermittent grumbling pain is very rarely that of neuritis but there is generally distinct and exquisite pain and tenderness of the cords of the brachial plexus, or the nerve trunks, or both. Sometimes there is a slight tactile anesthesia and sometimes hyperalgesia. Tingling or subjective numbness of forearm is frequent. Deep reflexes of the arm are lost and the disease is nearly always self limited. It lasts a few months or a few weeks except in very bad cases. There is definite recovery and no recurrence. On the other hand, arthritis of the shoulder is very common and the pain fluctuates more or less and in mild cases may be intermittent. The patient has his good or bad days, apparently influenced by the weather. The pain is apt to be more annoying at night. It is not distinctly localized in the shoulder but in a great many cases is felt chiefly near the insertion of the deltoid. The writer does not explain this, but he knows it is misleading and more than once has caused a diagnosis of osteomy

Another good test movement is for the patient to extend the arm upward and then rotate it with the arm extended sidewise. Resistance movements are made upward and downward, forward and back, etc. One or more of these movements are pretty sure to be painful, which would not be the case in mild neutritis. In acute arthritis practically all movements of the joint are painful. The state of the deep reflexes is a means of diagnosis; the wrist jerk and triceps jerk will be found to be quite lively, more so than that of the other side. Wasting of quite lively, more so than that of the other side. Wasting of shoulder and arm muscles may lead one astray, though how arthritis causes wasting of muscles is still uncertain. Two other signs are too infrequently looked for, these are fever and leukocytosis. Repeated examinations will frequently show mild rises of temperature and slight increase of leukocyte count. These signs naturally lead us to the idea that arthritis is of infective origin and painstaking inquiry and examination bears this out. Furthermore, it is not unusual to have an accompanying headache, an involvement of neck muscles, etc. due to an oral or head focus. The writer believes sciatica to be a relatively rare disease while arthritis of the hip is frequent. Once in a while, he thinks there may be true neuritis of the sciatic nerve or the sacral plexus. Arthritis leads as the true cause behind the usual diagnosis of sciatica. Sciatica, like brachial neuritis, causes no impairment of passive motion with one exception, the Lasegue signs, whereas arthritis of the hip is pretty sure to interfere with certain motions. There is one sign the writer declares, which he never sees in sciatica, but which is of great value in detecting arthritis and which has not hitherto been described. For convenience of record, he calls it the fabere sign, the letters of the word standing for flexion, abduction, external rotation, and extension. With the patient supine on a level surface, the thigh is flexed and then the external malleolus or ankle is placed above the patella of the opposite extended leg. In bad cases, even this maneuver cannot be executed without pain, but many patients do it easily. If, however, the knee is now depressed, the ankle maintaining its position above the opposite knee, the patient will complain of pain before the pain reaches the level

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The procedure involves flexion, abduction, external rotation and then extension of the thigh, and will catch more cases of arthritis of the hip than any other test with which the writer is acquainted. In making the test one must not be deceived by the patient yielding to depression of the knee by the tipping of the pelvis. This he instinctively does to avoid pain.

Other tests should not be omitted. In sciatic arthritis, as in shoulder neuritis, there may be some involvement of the lumbar spine, or even of the sacral nerves. The other differential criteria distinguishing hip arthritis from sciatica may correspond with those described in shoulder arthritis. But the writer is in doubt as to one striking sign, namely, the high degree of scoliosis or lateral curvature sometimes observed. He does not know whether this can be caused by simple arthritis of the hip but he thinks it can.—(J. A. M. A.)

The Turning Test in Appendicitis.

Silas C. Blaisdell, of Brooklyn, believes this test to be original with him.

When the physician enters a room where there is a case of suspected appendicular trouble he will rarely, if ever, be the attack acute or otherwise, find the patient lying on the left side. He will almost always be lying on his back or on the right side. Ask him why he lies on his back or right side and he replies that it hurts him when he turns on the left side. In ne replies that it hurts him when he turns on the left side. In ninety per cent. of all appendicular troubles, or those involving an inflammatory condition of the appendix, the pain is increased when the patient is turned to the left and diminished when he is turned back on his right side. The pain is not so intense when the patient is on his back as on the left side. If every other symptom is absent Blaisdell always advises operation if that test is marked, and in over ninety per cent. of his cases it has proved to be correct. has proved to be correct.

In making the test the abdomen must not be allowed to touch the bed thereby allowing the viscera no support when it pulls to the left and drags along the sensitive appendix, thereby causing additional pain. With a rapid pulse, with or without temperature, and the turning test present, operate.—(Arch.

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A Text-Book of Obstetrics. By Barton Cooke, Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. Eighth edition. 863 pages; 715 illustrations. \$5.00 net. Philadelphia and London: W. B. Saunders Company, 1918. The appearance of a new edition of Hirst's Obstetrics is always a matter of interest to practitioners of medicine. This book has so long been a standard that critical revision is quite uncalled for. Its pages set forth clearly and briefly every condition met with in obstetrical practice, and in addition to the text, the student is greatly aided by the unusual good accompanying photographs.

Principles of Surgical Nursing. By Frederick C. Warnshuis, M. D., Chief Surgeon, Pere Marquette Railway. 277 pages. 255 illustrations. \$2.50 net. Philadelphia and London: W. B. Saunders Company, 1918.

At a time when the matter of surgical nursing is assuming

At a time when the matter of surgical nursing is assuming the utmost importance, the appearance of any book on the subject is bound to excite interest. This is particularly true when the author is in a position to speak with authority. Dr. Warnshuis has done a real service to the profession in the presentation of an unusually high type book, dealing with every feature of surgical nursing. To the surgeon, this book will give a great amount of necessary information. To the nurse, it will act as a text book. The illustrations are so illuminating that the value of the text is very greatly enhanced.

The Practice of Pediatrics. By Charles Gilmore Kerley, M. D., professor of diseases of children, New York Polytechnic Medical School and Hospital: Second edition, 913 pages. 136 illustrations, \$6.50 net. Philadelphia and London: W. B. Saunders Company, 1918.

W. B. Saunders Company, 1918.

The second edition of this excellent book shows material change from the edition of 1914. Many new articles have been prepared and the majority of the chapters have been rewritten. The subject itself has made remarkable progress within the past few years and Dr. Kerley has given his readers the advantages of everything new in this specialty. This book is one of the most complete on pediatrics before the American physicians and it is a pleasure to commend it.

Smith College to Train Workers for Shell Shock Cases.

The National Committee for Mental Hygiene announces the establishment of a war emergency course at Smith College, Northampton, Mass., to prepare workers to assist in the reclaiming of soldiers suffering from nervous and mental diseases, including war neuroses and the so-called shell shock.

The prevalence of mental and nervous disorders is unprecedented in the present war, and all of the allied nations have had to provide extensive facilities for dealing with these cases. Many of the disorders yield readily to treatment, which requires the use of civilian aides as well as medical specialists to restore the men to mental soundness and to enable them to adjust themselves again to civil or military life.

The course will be conducted by Smith College and by the Boston Psychopathic Hospital under the auspices of The National Committee for Mental Hygiene, through a subcommittee composed of Dr. E. E. Southard of Boston, chairman; Dr. William L. Russell and Dr. L. Pierce Clark of New York, Dr. Walter E. Fernald of Waverly, Mass., and William A. Neilson, Ph. D., president of Smith College. Miss Mary C. Jarrett, chief of Social Service at the Boston Psychopathic Hospital, will be the director of the course.

The course will cover eight months, and will be open to college graduates and other young women who have had an equivalent technical training. The academic instruction will be given at Smith College from July 8 to August 31, to be followed by six months' practice work to be given at various centers where there are opportunities for social work with psychiatric cases under the direction of trained social workers. The major studies in the course will be sociology including methods of social case work, psychology and social psychiatry. Minor studies will include hygiene, occupational therapy, military usage, and the writing of records and reports.

tary usage, and the writing of records and reports. The purpose of the course is to train a carefully selected group of women in the social service aspects of rehabilitating mental and nervous cases, and is distinct from occupational therapy and psychological examining. Aside from the war contingency, these workers will also be of permanent value in civilian neuro-psychiatric work as assistants to hospitals, courts, schools, out-patient departments of institutions and various social agencies. The value of such special social work has been demonstrated in the care of mental disorders in civil life in a number of well known institutions including the Henry Phipps Clinic of Johns Hopkins Hospital in Baltimore, the

Boston Psychopathic Hospital, the Massachusetts General Hospital in Boston, and the Neurological Institute in New York. Among the lecturers scheduled for this course are: Prof. F. Stuart Chapin, Associate Professor of Economics and Sociology, Smith College; Prof. David Camp Rogers, Professor of Psychology, Smith College; Miss Ruth Swan Clark, Instructor in Psychology, Smith College; Dr. Edith R. Spalding, Director Psychopathic Hospital Reformatory, Bedford Hills, N. Y.; Dr. E. E. Southard, Director Boston Psychopathic Hospital; Dr. Bernard Glueck, Director Psychiatric Clinic, Sing Sing Prison; Dr. L. Pierce Clark, New York; Dr. Walter E. Fernald, Superintendent Mass. School for Feebleminded, Waverly, Mass.; Dr. William L. Russell, Medical Superintendent, Bloomingdale Hospital, White Plains, N. Y.; Dr. Herman M. Adler, State Criminologist of the State of Illinois, Chicago; Dr. John A. Houston, Superintendent, Northampton State Hospital; Capt. Frankwood E. Williams, Division of Reconstruction, Surgeon General's Office; Mrs. E. E. Southard, Lecturer, Wellesley College; Dr. Lawson G. Lowrey, Chief of Staff, Boston Psychopathic Hospital; George A. Hastings, Assistant in War Work, The Natoinal Committee for Mental Hygiene, and Dr. Josephine N. Curtis, Chief Psychologist, Boston Psychopathic Hospital.

Correspondence about this course may be addressed to the Director, Miss Mary C. Jarrett, Psychopathic Hospital, 74 Fenwood Road, Boston, Mass.

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be made with Mixed Vaccine.

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A Good Fluid Extract of Ergot.

It is a fair statement that the average physician witnesses more uncertain results from the use of fluid extract of ergot than from ninety per cent. of the other drugs in common use by him. This is due in part to the fact that it does not respond readily o known means of chemical assay and to the lack of scientific physiologic control on the part of the manufacturer.

To produce a fluid extract of uniform activity requires the use of a fresh, prime selected ergot of rye, which should be physiologically tested before manufacture. This work requires the services of a trained scientific staff and modern laboratory facilities. These are a fundamental part of the Norwich Pharmacal Company's activities, and in the manufacture of its ergot, exercise a controlling influence on the product. Not only is the crude material physiologically tested, but every process of its manufacture is under scientific control and every lot of the finished fluid extract is adjusted to a definite standard of activity before being released for sale.

ard of activity before being released for sale.

This is the reason their product is dependable and uniform in its action. Their slogan (and it's a good one) it, "Specify Norwich and Take No Chances."

Labor Camp Conditions.

Hundreds of men live and work under sub-standard conditions, equally deplorable whether considered from the standpoint of their own welfare or their employers' profits. In addition, public health is seriously menaced. These constitute part of the conclusions in a survey of 108 camps in Ohio in the spring of 1917, where 7,772 men were employed. Construction, railroad, factory and mill camps were covered. The report ends with concise suggestions for standards in the general layout and maintenance of labor camps: -(Bull., Industrial Commission of Ohio, Vol. IV, No. 11.)

SURGEON'S SOAP

It is slightly antiseptic.

It is especially effective for cleansing the hands, face, and hair.

It is put up in collapsible tubes of pure tin so that it may be easily carried about in a physician's bag.

It is-in other words-



The Soap for Surgeons

Surgeon's Soap is a new product. If your dealer does not carry it, send us his name and address. We will mail you a sample tube free.

Wilford Hall Laboratories, Port Chester, N. Y.

In the treatment of disorders of the digestive tract so prevalent in warm weather, particularly among infants and children, physicians have experienced much satisfaction during the past 37 years with

LISTERINE

Compatible with almost any other medicinal agent likely to be required in this class of cases, there is no more acceptable antiseptic solution than

LISTERINE

Careful laboratory manipulation, combined with discriminating selection of constituents, assure uniform antiseptic strength and pharmacal elegance under the name

LISTERINE

Listerine literature and copy of pamphlet

"Acute Intestinal Infections of Children"

mailed to any physician on request.

Lambert Pharmacal Company

Twenty-first and Locust Streets,

St. Louis, Mo., U. S. A.

Tempered Gold Hypodermic Needles.

Mark Twain's statement to the effect that his worst troubles never happened would identify him as not belonging to the medical profession and in consequence with having a limited acquaintance with the use of hypodermic needles.

Most physicians would have some decided modifications to suggest regarding the above comment of our revered humorist when they recall their experience with these delicate in-struments upon which so much depends in an emergency and which too frequently renders them distressingly helpless by

Absolute reliability in the hypodermic needle is of the ut-most importance. To secure this, it has been recognized that the metal used in its manufacture must be immune to rust or the action of the chemicals used in the medications or in

Gold has been recognized as the ideal metal, but attempts heretofore to use gold for this purpose encountered the apparently unsurmountable difficulty of its great ductility. Not until a process of tempering gold was discovered was it possible to successfully use this metal for this purpose and the fact that the first and most urgent demand on the process was for the production of the tempered gold hypodermic needle, signifies that the solution of this vexatious question so long sought by the medical profession is at last realized. This statement is amply justified by the unqualified endorsement from the highest clinic in this country.

The relative safety in the use of the tempered gold hypodermic needle as compared with needes of other metals is obvious to the physician and is generally fully realized by the patient, who though unaware of its technical advantages, yet

realizes what "pure as gold" means.

This has been found important where repeated hypodermic medication is necessary for persons of nervous temperament who dread the treatment to the extent of avoiding it.

The modern physician does not permit cost-consideration to influence him in his adoption of improvements, especially where asepsis is in question, but in these days of prohibitive prices for many articles it is not unethical to point out the fact that the very moderate cost (\$3.00 per dozen for the smaller sizes) of the tempered gold hypodermic needle in connection with its durability, indicates it to be an evident economy in addition to its many other advantages.

Most up-to-date druggists now handle these needles, but

wherever the local dealer does not have a stock, inquiries should be addressed to The Precious Metals Tempering Co., 30 Church St., New York.

Apothesine: Suggestions for Use.

This product is applicable in any procedure in which a cal anesthetic is indicated. It is supplied in hypodermiclocal anesthetic The strength of solution (in water or physiologic salt solution), and the quantity to be injected, should be determined by circumstances. Solutions generally used range in strength from 0.5 to 3 per cent., the weaker solutions when the anesthetic is to be applied to rather extended areas. The strength of solution generally preferred in surgical operations is 1 per cent. In dental work the 2-per-cent, solution is usually employed. Solutions of Apothesine act more slowly than those of cocaine, hence more time should be allowed for them to produce the required degree of anesthesia.

Apothesine is widely used in such operations as removal of tonsils and hypertrophied inferior turbinates, excision of thyroid, removal of gall-stones, prostasectomy, excision of carcinoma, plastic operation on the mouth, circumcision, laparotomy, resection of the femur, suprapubic cystotomy, in-guinal hernia, sacral nerve blocking, breast amputation, vaginal hysterectomy, gland excision, wound stitching, gastrotomy, exploratory tracheotomy, enucleation of the eye, etc.

War Neuroses.

Nervous collapse and allied disorders of the nervous system resulting from the strain occasioned by the great war are very frequent. The rational treatment, as also the prevention, of these disorders includes the building up of both the general and the nervous systems by the administration of Fellows'

"It is a food for the nerves," wrote a physician in the Brit-ish Isles, adding that in his hands, during 10 years of almost daily use, Fellows' Syrup yielded results unattainable by the

administration of other preparations of the Hypophosphites.

There are many imitations, but only one Fellows' Syrup.

It has stood the crucial tests of years of clinical application in all parts of the world.

Summer Skin Troubles.

For relief from the attacks of sunburn which are so common during the vacation season, there is no remedy so promptly effective as Dioxogen, diluted with five to six parts of water. This may be applied by wads of cotton, gauze or old linen. The affected area should be kept thoroughly wet or soaked with this solution of Dioxogen until the burning and smarting are decidedly relieved. This is often accomplished in a surprisingly short time, with the further advantage that swelling, puffing and subsequent soreness are usually greatly and often completely avoided. lessened-

Other skin afflictions such as mosquito bites, bee stings, prickly heat, profuse and fetid perspiration, ivy poisoning, and so on, are quickly amenable to the action of Dioxogen. In these conditions it should be applied full strength, or diluted according to the physician's judgment. The effects are immediate, with gratifying avoidance of infection or inflammatory researching. tory reaction.

The efficacy of Dioxogen is so pronounced in these conditions peculiar to the Summer months, and in addition it is so free from any unpleasant or objectionable action, that physicians will do well to recommend that every vacationist in-clude it in his kit. A bottle of Dioxogen has saved many a vacation from being a dismal period of discomfort and suf-

Persistance of Intestinal Amoebiasis.

The carrier question in amoebic dysentery has come into special prominence during the war, and valuable work has been done by Clifford Dobell, under the aegis of the Medical been done by Clifford Dobell, under the aegis of the Medical Research Committee, in showing the necessity for more extended examination of the stools for Entamoeba histolytica than had previously been thought necessary before the infection could be regarded as "cured." These investigations were made in this coutnry on patients sent home from the Eastern Mediterranean, and there is therefor need for information on the problem of the carrier question in the tropics. For example, very little is known about the results of systematic examination of the stools of troops in India for Entamoeba histolytica. moeba histolytica.

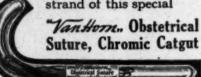
From the protozoological findings in the stools of over 2.000 men, chiefly of the Mesopotamia Feld Force, carried out at Deolali, India, MacAdam and Keelan (Indian Journ. Med. at Deolali, India, MacAdam and Keelan (Indian Journ. Med. Research, Calcutta, 1917, v. pp. 239-272) have drawn some important deductions. In the first place it appears that, after applying Dobell's appropriate "figure for correction" to those results obtained on a single examination method, at least 33 per cent. of the troops that have been in Mesopotamia are "healthy" or "unhealthy" histolytica carriers. Further, it is disquieting to find that there is a fallacy in concluding from protozoological examination of the stools in hospitals that the patient is clear from infection. In hospital the possibilities of intestinal irritation are reduced to a minimum; but when of intestinal irritation are reduced to a minimum; but when the patient is discharged, coarse food, excessive exertion and fatigue, and the lack of hospital discipline as regards diet and drink may cause intestinal catarrh, and the reappearance of histolytica cysts in the faeces. This difference was also seen in the case of hospital and convalescent camp patients, the percentage of carriers being higher in the camp patients whose conditions formed a faint replica of active service. the percentage of carriers was higher in men who had been a week in the camp than among those just admitted. In order to test for the presence of latent infection the authors make a routine practice of giving a mild saline to all convalescent

dysentery patients, thereby causing some intestinal irritation.

Although the softer condition of the faeces may lead to a more equal distribution of the cysts, it is probable that the flooding out of the cysts due to the flushing of the mucous membrane of the intestine is an equally important factor. high percentage of histolytica infection among men not 9115pecter of any intestinal disorder, and the apparent failure of hypodermic courses of emetine to rid men of this infection, throw considerable doubt on the utility of attempting to "clear," by a series of protozoological examinations of the stools only, those cases of amaebic infection which have had sufficient intestinal disturbance to demand hospital treatment. Among 87 histolytica carriers in the convalescent depot with a history of previous dysentery there was an average interval of 8.5 months between the first attack and the examination of the faeces. The authors come to the conclusion that the segregation of any but the "gross" human carriers is impossible and futile; and that, as light and intermittent infections appear to be present in at least a third of the troops, it is doubtful if the isolation of a few gross carriers will be of much use in prophylaxis.—(Brit. M. J.)

IN THAT CONFINEMENT TEAR

If you favor immediate repair, use our especially chromicized catgut prepared to hold seven to twelve days. Each strand of this special



is threaded on a suitable needle, ready for instant use. Indispensable for your surgical bag. One tube in each box. Price, 25 cents each; \$3.00 per dozen tubes. No samples.

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-and other headaches-

are usually relieved more or less promptly as you remove their cause. In the meantime—

K-Y ANALGESIC

locally "rubbed in," will usually afford comfort without blistering or soiling.

Gives Nature's Corrective Forces a Chance

No fat or grease. Samples and literature on request. Water-soluble. Collapsible tubes, druggists, 50c.



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Paraffin Treatment of Burns

is successfully applied by the use of

REDINTOL

Made from carefully selected ingredients of the highest quality, and combined in proportions to insure the most satisfactory results, Redintol makes possible the ready application of the newest and most effective method of treating burns, even of the most severe degree.

Redintol is a plastic and elastic dressing which forms an occlusive, non-adhering covering to the injured area. It can be applied with practically no pain and affords immediate relief from burning and smarting.

Redintol promotes rapid healing, with minimum scarring and lessened contractions of the skin or tendons.

Redintol is supplied in individual packets, ready for immediate application.

Sample and Full Directions on Request.

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can be easily and conveniently accomplished by the use of

SYNOL SOAP

This efficient liquid soap enables the physician and surgeon to cleanse and disinfect the hands with gratifying freedom from the irritating effects of caustic soaps and antiseptics. It is particularly serviceable to those who have to cleanse the hands many times each day. Invaluable in the office, operating room and sick chamber.

ANTISEPTIC-

CLEANSING— DEODORANT

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Labeling of Microscopical Slides in Staining

Chas. S. Otis gives this method of making the ink: 15 g. of best cabinet-makers' glue are dissolved at low temperature-in 100 cc. of water in a clear glass bottle. To this is added an excess of crystals of potassium dichromate and the mixture is exposed for a week or more to strong light, after which it is filtered. India ink is rubbed into this "stock solution," a slate ink cup or grinder being employed. A little of the solution is poured into the cup and a stick of India ink is applied, the rubbing being done with a circular motion. When sufficient blackness is obtained, the ink is removed with a dropper to a small bottle; the operation is repeated with a new supply of stock solution until a sufficient quantity of ink is accumulated.

A supply sufficient for several years' use can be made in this way in the course of an hour or two. The ink will keep indefinitely if care is taken to prevent evaporation. It may best be kept in a small narrow-neck balsam bottle with ground joint, the joint being further sealed with a thin coating of vaseline. The label end of the slide should be clean and free from fixative, when the ink will flow freely. An ordinary clean, medium-pointed steel pen may be used. The ink will dry thoroughly in a few minutes at ordinary room temperature, after which the slides may be passed through the alcohols, stains, water and xylol without deterioration of the label.— (Science.)

Canadian Standard Methods of Water Analysis.

The Canadian Public Health Association has adopted the 1917 Standard Methods of Water Analysis recommended by the American Public Health Association, with the following amendments:

1. That the soap method for determining hardness be made at 20° C.

2. That the Winkler method for determining dissolved oxygen should only be tentatively accepted, pending further study of the Lancaster and Bonham method, and the Miller method.

That the ortho-tolidine method for estimating free chlorine be eliminated.

That all solid media used for bacteriological purposes be

clarified with 5 gms. egg albumin per liter.

4. That for bacterial counts, agar or gelatine may be used, when incubated at 20° C. for 48 hours. The 37° count on agar after 24 hours' incubation is also to be made.

It was not decided which medium might be considered the best presumptive test medium. It was tentatively decided that all fermentative tubes showing less than 10 per cent. gas after 48 hours' incubation, should be regarded as negative, particularly if there was no apparent, active formation of gas

at the time.

6. Whenever practicable, partial confirmatory tests should be made on positive presumptive tests. The media recommended are litmus lactose agar, Endo's medium, or neutral red Recommendations for the final confirmatory bile salt agar. tests are postponed pending further study of the Voges-Proskauer reaction, gas production in saccharose broth, and production in peptone water .- (Pub. Health Jour .. Feb., 1918.)

Destruction of Nits of the Clothes Louse by Solutions of Cresol-Soap Emulsion and Lysol.

A. W. Bacot and Lieut. L. Lloyd, R. A. M. C., carried out these experiments with a view to assisting officers in charge of baths and wash-houses where the clothes of infected troops are baths and wash-houses where the clothes of intected troops are treated in order to rid them of lice. From conversations with officers in charge of these establishments it appears that a pre-cautionary measure frequently employed is to steep infected garments in a vat containing solutions of cresol-soap emulsion. There exists, however, some uncertainty as to the strength of the solution and period of immersion necessary to destroy the vite of Pediculus houseast. In this convergence, the strength of the strength of the solution and period of immersion necessary to destroy the nits of Pediculus humanus. In this connexion it may pointed out that overlapping methods of disinfectation should if possible be avoided in the interests of economy. Hot water or dry heat at 55° C. destroys both nits and active lice within thirty minutes, even when protected by a covering of khaki cloth; while, if the temperature is raised to 60° C., fifteen minutes suffice. If at any period during the process of washing or drying garments they are subjected to the temperatures and periods above given chamical solutions are unpresently; if periods above given, chemical solutions are unnecessary; if, on the other hand, the garments are steeped in effective chemical solutions, then it is unnecessary to use temperatures so high as those mentioned for washing or drying.

Pieces of army shirt flannel on which numerous nits had

been laid were immersed in the solutions for the periods shown in the accompanying tables; they were then taken out, and the superfluous fluid removed by placing on filter paper for a few minutes. After this they were placed in small entomological boxes lined with a strip of dry flannel, and carried in a thin cotton bag, suspended from the neck between skin and shirt, to

Temperature and Period of Immersion,	Strength of Solution. Per cent.	No. of Eggs.	No. Hatched.	No. Died while Hatching.	Percentage Mortality.
Temp. 60-65° F.	2,0 1.5	94	26	7	97
5 minutes	0,5	69	37 41	10	46
	0.2 2.0 1.5	79 106 82	Nil	2	19 100 99
20 minutes	1.0 0,5 0,2	93 68 37	5 24 30	10	95 65 19
20 minutes 45 minutes 2 hours 2½ hours 22 hours	2.0 1.5 1.0 0.5 0.2	68 92 64 99 90	Nil Nil Nil Nil Nil	Ė	100 100 100 100 100
Temp. 48° F. 20 minutes	2.0 1.5	95 104 85	Nil Nil 66	=	100 100 23
Temp. 32° F. 20 minutes Control*	2.0 1.5	137 123 51	1 Nil 46	1	99.3 100 10

"The controls were exposed to the temperature, but not immersed.

Temperature	Strength	27 6		No. Died	
and Period of Immersion.	of Solution.	No. of Eggs.	No. Hatched.	while. Hatching.	Percentage Mortality.
Temp. 60-65° F.	2.0 1.5	120 121	Nil	Nil .	100
5 minutes	1.0 0.5	82 79	52	6 7	98 34
	0.2 2.0	89 89	70 Nil	Nil	100
	1.5	82 72	Nil Nil	Nil	100 100
20 minutes	0.5	103	46 60	8 8	55
Temp. 48° F. 20 minutes	2.0	96 102	Nil Nil	1	100 100
Temp. 32° F. 20 minutes	2.0	127 99	1 7	2	99.2 93

On examination of the tables it will be noted that the lysol (crude carbolic acid and soft soap emulsion) solutions are decidedly more effective than the cresol-soap emulsion solution at the higher temperature but less so at 32° F. Why this should be the case is not evident. The difference in the latter case is not great, and may possibly be largely, if not entirely, a matter of chance, dependent upon uncertainty of action at low temperatures.

An interesting feature of the series is the regular rise in the percentage of lice which die while hatching as the action of the solutions become less fatal up to a mid point, when it again declines to a minimum in proportion as the hatching ceases to be checked owing to the weakness of the solutions. It is a matter of question whether death during escape from the egg due to the action of the fluids on the eggshell, or to a want of robustness in the larvae.

The evidence as a whole seems to establish the fact that steeping for twenty minutes in a 2 per cent. solution, either lysol or the cresol soap, is quite effective provided the temperature is not below 50° F.—(Brit. M. J., April 27, 1918.)

Cheap Dressings

François Debat, head of the dermatological center of the 8th French region states that he has effected a considerable economy in the cost of dressings by using strips and squares cut out of old bed-linen instead of gauze compresses, tarlatan, and cotton bandages, etc. The advantage is that whereas gauze, tarlatan, and cotton are very dear and can be used only once, old linen costs nothing, and after sterilization and washing can be used over and over again. In his service of 180 beds the dressings have to be renewed almost every day, and the monthly cost, which used to be 456, is now a little over three guineas—a reduction of more than 90 per cent., representing a total saving of more than £600 a year. The old bed-linen is supplied for nothing by the military hospitals and by private charity. It is cut into pieces of suitable size and sterilized by After a trial of three months during a period of very active work, Debat declares that the method has no dis-advantages in the treatment of superficial sores and skin af-fections. The work of the nurses is facilitated, the dressings being easy to make and taking little time.—(Paris Med.)



Philo Burt Appliance

Light, cool and comfortable, provides the required support, giving a gentle, fin pressure where needed yet permitting full respiration, normal heart action and free play of the muscles. It lifts the weight of head and shoulders off the spine, and gradually corrects any deflection of the vertebrae. And it is instantly adjustable at any time, to meet improved conditions in the patient. Every Appliance is made to order according to measurements taken by the Physician and we Guarantee Satisfaction.

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FRANKLY it is an advertisement. And perhaps you pride yourself on not reading advertisements. But you owe it to yourself and your patients to read this one. Won't you be so liberal-minded as to believe that the statements we make about Philo Burt Spinal Appliance—and have been making for 17 years past—might be true?

Is it unreasonable to believe that there might be a more efficient method of treating spinal trouble than by the old, torturous methods of plaster, leather, steel, and other rigid jackets?

Won't you be fair to yourself and to the little children, and to the men and women, who come to you from time to time because they think you know how to treat their spinal afflictions? Let us prove the truth about the Philo Burt Spinal Appliance. Let us prove that you need this Appliance in your practice just as much as we want you to have it.

We will gladly send you the facts about this efficient Spinal Appliance, and our plan of co-operation with Physicians.

Philo Burt Mfg. Co.

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Jamestown, N. Y.

HAY FEVER Successfully Treated with Bacterial Vaccines

POLLEN irritation and breathing of the hot dust laden atmosphere favors the development of pyogenic bacteria in the respiratory tract which then become a primary factor of the disease.

Experience shows that the immunizing influence of an appropriate bacterin will either cure the disease or so modify it that it causes but little distress. Use Sherman's Number 40.

Write for literature.



3334 Jefferson Ave.



CONNECTIVE TISSUE HYPERPLASIA

such as occurs in keloid, rhinoscleroma, sclerotic infiltration of the prostate, urethral stricture, fibroid tumors, etc., can be, in many cases, favorably influenced by Allyl sulphocarbamid, given internally.

CIRRHOLYSIN

(C H25) N H23 CS BI I3

is Allyl sulphocarbamid bismuth tri-iodid, a definite chemical combination, well tolerated by the stomach. It undergoes cleavage in the intestine with liberation of nascent Allyl sulphocarbamid, which is fibrolytic in the sense that it gives rise to hyaline degeneration of newly formed connective tissues.

CIRRHOLYSIN is supplied in tablet triturates, each containing gr. 1/10 of the

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"FOUGERA" a periodical devoted to treatment, sent on request

ANGLO-AMERICAN PHARM. CORP. YORK NEW



E. FOUGERA & CO., Inc. 90-92 BEEKMAN STREET NEW YORK



X-Rays in Rhinoscleroma.

MacKee considers rhinoscleroma a typical example of the group of dermatoses in which x-rays or radium offer the best means of permanent cure. As a large total dosage of x-rays is required, unless the disease is in its early stage, an intensive technique is indicated. Deep therapy is also called for, so that filtration is required. If the disease is limited to the alae nasi, an unfiltered ray may be directed into the nasal orifices; two or three doses of from 3/4 to 1 Holzknect unit will usually suffice for a cure. In extensive cases it is advisable to divide the nose into several areas for the purpose of cross-fring, each area to receive from 1½ to 2 H., filtered through 3 mm. of aluminium, every four to six weeks. The hardness of the ray should be Benoist 9-10. In addition, a radium plaque may be placed against the hard palate, and a dose of gamma rays also administered. Several-perhaps eight or ten-series of cross-fire treatments may be required to produce the desired result in extensive and long-standing cases. Lesions situated in the nose, at the posterior nares, or in the pharynx, will usually disappear as a result of deep therapy applied to the nose. If necessary, this treatment may walls or the x-ray may be applied to those parts through a metal mouth tube.—(Am. Jour. Roent.)

Electricity in the Treatment of Scars.
Seeuwen (Arch. Radiol. and Electrother., October, 1917), writing of the treatment of the wounded by means of electricity, says that when a scar is painful or adherent, or both, ity, says that when a scar is paintul or adherent, or both, he gives massage thrice a week, preceded by an application of hot air or radiant heat. The duration of the hot air or radiant heat treatment depends on the sensibility of the scar and of the patient. If after three or four minutes' hot air application the skin around the scar becomes pink, the time has been sufficient; otherwise the application may continue for five or six minutes if the patient can stand it.

Radiant heat may go on for longer-even for ten or twenty minutes. On the other days of the week, alternating with the massage, ionization with a 2 per cent. solution of sodium chloride or potassium iodide is given. The active electrode is made with at least twelve layers of gauze, slightly exceeding

the size of the scar, well soaked in hot solution. The indifferent electrode, as large as possible, is soaked with plain hot water and placed on the back or chest; in some cases, instead of a pad electrode, a bath is used for arm or leg. The in-tensity of the current varies from ½ to 1 milliampere for each square centimeter of the active electrode, or nearly 3 to 6 milliamperes to the square inch. The application lasts about fifteen to twenty minutes, sometimes longer. The results of this combined treatment have been very satisfactory; the first this combined freatment have been very satisfactory; the first sign of improvement is generally a diminution of the pain. The average duration of treatment for the simple uncomplicated scar has been from six weeks to two months. The reason why many scars remain painful and unhealthy is because other foreign bodies than those which the x-ray plate can detect—such as small quantities of dust and very tiny bits of clothing—remain embedded in the tissues.—(Brit. M. J.)

In the fibroid heart, hypertrophy and dilatation usually co-exist and suggest at least recognition of the heart as the main issue involved. Dyspnea and dropsy are sooner or later main issue involved. Dyspnea and dropsy are sooner or later present and the symptoms resemble those of dilatation of the heart. The first sound is weak and toneless and has been noticed to be weaker over the left than over the right ventricle when the former was more affected. A mitral systolic murmur may be present, but perhaps recognized only in the recumbent posture. The pulse is weak, irregular on exertion, and may be as infrequent as 30 beats to the minute. The tension is as a rule high. Cardiac pain may be present, but rarely to a marked extent. In many instances, however, the symptoms have been remarkably latent and death may be sudden apart from rupture or even the existence of an aneurysm. The blood-pressure is high as a rule.—(Med. and Surg.) rysm. Surg.)

The individual reaction to drugs and disease is beginning to be recognized as the paramount factor for the successful doctor.—(H. Johnston, Amer. Med.).

Transverse colostomy, while offering certain advantages over sigmoid colostomy, should not be made a routine operation, but each case should be decided on its merits.

Modern Prophylaxis

A POWERFUL ANTISEPTIC AND DISINFECTANT DRINTERNAL AND EXTERNALIS

is chiefly a matter of germ destruction, since the majority of human ills are of bacterial origin. The great problem is how to accomplish this, effectually yet safely—to obtain germicidal effect without injury or harm to the invaded tissues. Fortunately in

Dioxogen

a germicide is available possessing higher bactericidal power than the carbolic or bichloride solutions ordinarily employed, but entirely free from their recognized dangers.

Notably free from impurities, with a stability that insures uniform strength and potency, **Dioxogen** is the first thought in the minds of countless physicians whenever an effective and reliable antiseptic and germicide is needed.

Discriminating practitioners have found **Dioxogen** invaluable not alone for the antiseptic purposes of medical and surgical practice, the cleansing of wounds, etc., but especially for meeting the every day needs of personal hygiene.

The conspicuous success of **Dioxogen** is attributable to merit alone—its germicidal efficiency, convenience and absolute freedom from toxic or deleterious action.

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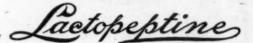
Lactopeptine

are real-not theoretical-and this accounts for the position of therapeutic importance which it has occupied for so many years.

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MULTIPLE
ENZYME PRODUCT



SAMPLES ON REQUEST

THE NEW YORK PHARMACAL ASSOCIATION YONKERS, N. Y.

Dried Milk.

The Local Government Board has issued a report by Dr. F. J. H. Coutts on Dried Milks, with special reference to their use in Infant Feeding. As a result of exhaustive inquiry Dr. Coutts is satisfied that dried milk is a valuable food, possessing certain special advantages which are likely to lead to its use being greatly extended in the future. In the first place, the labor and cost of transporting the water (which represents about seven-eighths of the total weight of fresh milk) are avoided. Dried milk is also easily handled and stored, while under suitable conditions it remains fit for food for reasonably long periods. It is convenient and economical in use, for the consumer can make up just what is needed for a particular occasion and no more. Dried milk is not germ-free, but the proportion of bacteria contained is extremely small as compared with ordinary milk, and bacteria do not tend to multiply on keeping. While dearer than an equivalent amount of fresh market milk, it is cheaper than milk specially prepared for infants.

Dr. Coutts has obtained a great deal of evidence to support the view that when breast feeding is impossible dried milk of recent manufacture, made carefully under hygienic conditions from a good quality of cow's milk, is a very valuable food for infants. There are several processes for preparing milk powder, but two methods are most commonly employed: in the one liquid milk is sprayed over metal cylinders heated internally, in the other after partial condensation it is sprayed into heated air. The chief aim is to get milk in a solid state with as little change as possible in its constituents. When carefully prepared from good fresh milk the powder keeps for several weeks or months, if moisture is excluded, but it is generally conceded that the product of the hot roller process keeps better than the powder made by spraying milk into hot air. On mixing one part by weight of the dried powder with seven parts by weight of warm water a liquid is obtained corresponding in composition to ordinary milk, though with a slight "boiled" taste; there is a tendency for a little solid matter to settle and for fat to rise to the top.

Dried milk made from full-cream milk contains 26.62 per cent. of fat, 24.46 per cent. of protein, 36.98 per cent. of milk sugar, 6.12 per cent. of mineral matter, and 4.32 per cent. of water. As put on sale in this country the powder usually

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comes under one of four classes: full cream, three-quarter cream, half cream, and skimmed. For infant feeding the full cream variety should alone be used in ordinary cases, in dilutions suitable to different ages. When made up with the proper amount of water it contains the essential food elements in a proportion more suitable for the baby than diluted full-cream sweetened condensed milk which contains an excess of sugar. Thus it comes about that at official infant welfare clinics the use of dried milk is increasing, as on the whole the most suitable food for babies when they cannot get breast milk. Prolonged experience at infant welfare centers indicates no ground for fearing that dried milk leads to scurvy or rickets, but it is thought desirable to give a little orange or grape juice to the baby once or twice a week. There is evidence to show that dried milk is also a valuable food for nursing mothers. While the processes used in drying milk largely reduce the proportion of bacteria present, special precautions must be taken to avoid recontamination during powdering and packing of the dried product. Hence the most scrupulous cleanliness should be observed in the factories; when milk is dried at the farm special premises should be set apart for the purpose, and the milk should be dried as soon as possible after it is drawn from the cow.—(Brit. M. J., April 6, 1918.)

The gastric contents obtained after a test-breakfast possess, as a rule, a higher degree of acidity than the filtrate. The higher acidity degree is caused by a mechanical combination of the acid with the starchy material.

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A Quest for Supplementary Foods.

The interesting announcement is made that the Council of the Royal Society has appointed a committee to investigate and report on the possibility of replacing food materials and other necessaries by the utilization of natural products not hitherto generally employed for such purposes. Careful and systematic prospecting in this direction is practically certain to add to our food resources, and the terms of reference will be widely interpreted, covering, we anticipate, the many edible plants at present not in common use and many so-called waste products in manufacture. The possibility of putting synthetic processes into service will be considered, it may be taken for granted, in any quest for supplementary foods.

plants at present not in common use and many so-called waste products in manufacture. The possibility of putting synthetic processes into service will be considered, it may be taken for granted, in any quest for supplementary foods.

There are also sources of food-supply in England which sentiment has ruled out of the national dietary, although these products are esteemed elsewhere. Such are the snail and the frog. Again, the edible fish might be made to include whalefish, dogfish, and common fresh-water fishes, none of which have any popularity in this country, so that there is no attempt to get and maintain any supply. In some rural communities—in parts of Norfolk, for example—fresh-water fish are largely eaten. The chemical transformation of inedible substances into edible ones may some day be economically realized, and in this idirection many chemical experiments might well be made, some of which would probably have fruitful results.

The turning of wood and fibrous materials, the bulk of which is cellulose, into sugar can be experimentally accomplished now, and the committee will no doubt have their attention called to the possibilities of hydrolysis in regard to food production in general. Altogether the inquiry should prove a most interesting one, and the results may likely enough indicate new industries to deal with new materials in supplement of our present common stock of food.—(Lancet, April 20, 1918.)

An Attempt to Produce Immunity by Transplanting Tuberculous Lymph Nodes Into Normal Animals.

G. B. Webb, C. T. Ryder, and G. B. Gilbert, of Colorado Springs, report a series of experiments in which lymph nodes infected with tubercle bacilli were transplanted into normal animals in the hope of conferring immunity. Regional nodes infected from the point of inoculation were transplanted into normal guinea pigs. This acted in the same way as an ordinary inoculation with free bacilli, no increased capacity for resistance, no modification in virulence of the bacilli and no development of the tuberculin reactions before the development of enlarged nodes in the groin of the host were observed. The ulcer over the first implanted node never heals while ulcers over subsequently implanted nodes ulcerate, discharge caseous pus and heal in a very short time. The lymph node method of inoculation does not appear to differ essentially from the method with free bacilli. The vicarious lesion does not function as a previous infection and confer the partial immunity which would lead to its own healing.

Autogenous replanting was also tried. A pig was infected by implanting a tuberculous node in the abdominal wall. Six weeks later the inguinal glands were removed and one replaced under the skin. The incisions healed promptly and eight weeks after the second operation the pig was killed and the second planted node found to be surrounded by a dense fibrosis not observed in any other guinea pig up to that time. One of the remaining inguinal nodes was planted in a fresh pig. This pig developed inguinal node enlargement slowly (4½ weeks) ulceration occurred in about seven weeks and the ulcer remained small and indolent. At autopsy four months later there was dense fibrosis around the planted node and general tuberculosis of the fibroid type different from the usual caseous process.

ous process. In the hope of giving the host the products of activity of living bacilli without exposure to infection, infected nodes coated with celloidin were implanted into a second pig. If the second pig was tuberculous and sensitive to tuberculin the operation was followed by a skin condition exactly corresponding to the tuberculin reaction, showing that there had been diffusion through the celloidin coating.—(Am. Rev. Tub., 1918, Vol. 1, No. 11.)

Pyorrhea alveolaris is not a specific disease; its chief etiologcal factors are (1) an excessive bacterial flora of the mouth; and deviations from normal of the affected tissues brought about by certain diseases.



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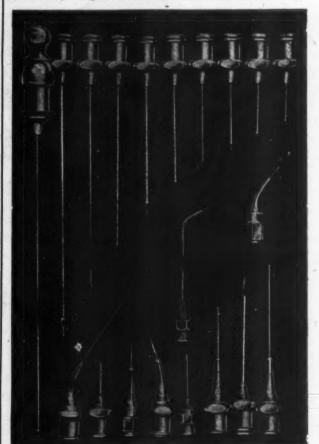
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William Hill of London Thus Summarizes an Excellent Article:

1. Serious hæmorrhage is rare in connection with tonsil operations, but when it does occur, it may be a very grave complication.

2. Careful selection is advisable before removing tonsils, even in apparently healthy children, and even though the number of cases which had better be excluded, or else dealt with in a special manner, is admittedly both relatively and actually small—probably not 1 in 1,000.

3. Prophylactic treatment is useful in "bleeders" and in anæmic subjects.

4. Hæmostatic methods of enucleation demand both experience and skill on the part of the operator and anæsthetist, and a fairly prolonged and deep anæsthesia is usually necessary. Open ether, preceded by a hypodermic injection of atropine, is the safest combination for deep anæsthesia.

5. Hæmostatic methods that insure dry tonsillar beds at the termination of the operation, provide the most reliable prophylaxis as regards hæmorrhage, whether early or remote.

6. Skilfully applied pressure can be relied upon to arrest most forms of tonsillar hæmorrhage, whether primary or secondary.

7. Failing relief by pressure, single or multiple ligaturing of bleeding points is nearly always effectual.

8. Suturing the pillars, either by means of Michel's hooks or by Irwin Moore's highly ingenious and practicable technique, is a sure temporary measure in those rare intractable cases in which separate ligaturing, skilfully carried out, fails.

 Styptic topical applications and hypodermic medication are usually unreliable expedients.—(Practitioner, April, 1918.)

Treatment of Asthma.

Delthil makes use of four drugs in his treatment of asthmabenzoate of lithia, iodide of potash, oil of Haarlem, and colchicum. Lithia is an active base, combining readily with uric acd to form a soluble compound, which is easily eliminated. The use of the benzoate may be continued for years without ill effects, or it may be replaced by the salicylate. Iodide of potash is the drug for choice in the treatment of asthma, but, unfortunately, it cannot often be tolerated. One gram doses should be given daily as a preventive, and two grams during an attack. It may sometimes be replaced by peptonized iodine. Oil of Haarlem is a pyrogenous product from juniper wood, a congener of oil of cade. It acts usefully on the liver and kidneys, and good results are obtained from a prolonged use. It should be given in capsules at bedtime, from 2 to 4 for a dose, each containing 5 drops of oil. Colchicum is given as tincture of the seeds, in a daily dose of from 1 to 3 gr. With these four drugs Delthil sometimes combines others to increase their action, or protect from functional disturbance. Opium promotes tolerance of iodide of potash. Injections of morphia are useful in a severe attack, and the tinctures of lobelia and stramonium may be used to add to the tonic effect of opium on the heart.

on the heart.

Delthil prescribes the drugs in the following way. Benzoate of lithia, in a dose of 1 g, each day, is given in two cachets, one in the course of each of the principal meals. Every evening at bedtime, and not less than one hour and a half after a meal, the patient takes a tablespoonful of a syrup containing extract of opium, digitalis, colchicum, and iodide of potash. The iodide is given in a daily dose of from 1 to 1.50 g., and when it is not well borne, the dose of the pure drug should be made up into four sugar-plums well coated with sugar, which are taken with the dose of syrup made without the iodide. In this way, contact with the buccal mucous membrane is prevented. During an attack of asthma, the dose of syrup is increased to one-and-a-half tablespoonfuls, and eating meat is forbidden. The capsules of juniper oil are taken at the same time as the syrup.

and-a-half tablespoontuls, and eating meat is forbidden. The capsules of juniper oil are taken at the same time as the syrup. The constituents of the syrup are in such amount that the iodide is the chief ingredient. The preparation has a laxative and active diuretic action, stimulates the general circulation, and loosens the bronchial secretion. With the object of increasing the diuretic effect, Delthil orders a cachet, containing theobromin, caffein, and spartein sulphate every morning on waking for a period of three weeks, when the urine is small in quanity and uremia symptoms threaten.—(Journ. de Méd et de Chir prat.)

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Epidemic Poliomyelitis.

The central facts in the bacteriology of poliomyelitis have not seriously been called in question, though the claims of certain streptococci to be regarded as the specific cause of the disease have been urged with some insistence by several investigators. These streptococci are frequently found in the central nervous tissues in cases of the disease as seen in man or as artificially produced in monkeys. Recent work seems to show that these organisms must be regarded as secondary infections, since they are unable to produce the lesions of poliomyelitis or to protect against infection by the filtrable virus of that disease, nor do they differ from streptococci isolated from cases of sepsis.

Interesting researches on the delicacy of the relation which exists between infection and alterations in the meninges and choroid plexus have been recorded by Flexner and Amoss. The slight alteration which is caused by lumbar puncture and the injection of such physiological fluids as monkey or horse serum, isotonic salt solution, Ringer's and Locke's solutions, promotes infection with the virus of poliomyelitis which has been introduced into the blood or subcutaneous tissues, or swabbed on the nasal mucous membrane. Even so minute a disturbance as the substitution of the cerebro-spinal fluid of one monkey for that of another may, in some instances, promote infection, as does also simple lumbar puncture if attended with the slightest hemorrhage. The same observers found that the intrathecal injection of normal horse serum in protected monkeys caused the passage of protective substances from the blood of the injected animal into the cerebro-spinal fluid.

There are still many lacunae in our knowledge of the passage of protective substances from the blood of exidence of content of the cerebro-spinal fluid.

There are still many lacunae in our knowledge of the spread of epidemic poliomyelitis, but some light is thrown upon the irregularities by the discovery that a material is present in the nasal and pharyngeal mucosa of man which can inactivate or neutralize the active virus, and that this power is not found in all cases or at all times in the same individual. The poliomyelitic virus has been shown by Flexner to survive in glycerol for at least six years. Though much work has been done on the part played by insects in the epidemiology of the disease the evidence as to their importance is still of the slightest.—(Lancet.)

Icterogenetic Spirochaetosis.

Professor Umberto Carpi has had opportunity for investigating over 300 cases of epidemic jaundice occurring in two base hospitals during 1916 from the Isonzo sector. The epidemic, which made its appearance with a few sporadic cases at the end of 1915 and reached a high figure in the following January, died out from March to June, and attained its maximum intensity from August to December, 1916. There was a strict parallel between the epidemic of camp jaundice and sporadic cases among the troops in garrison.

sporadic cases among the troops in garrison.

Several interesting facts in Professor Carpi's observations deserve notice. He found that the period of incubation was usually 15-20 days, and in some cases 25-30 days or longer, and the question arises whether the disease may not have a still longer incubation period or whether cases of this kind are the result of infection in hospitals. He found that inoculation of the vircus in a guinea-pig could give rise to a latent infection capable of manifesting itself only after a long period, in one instances as much as 131 days, and he therefore inclines to the view that in man also there may be a long period of incubation and latency of the infection, and that many of the cases arising sporadically may represent the active phase of an infection contracted some time previously at the original infective focus and slowly developed.

A further interesting point is the result of the blood examination in Professor Carpi's cases. In the initial period of the disease there was a polynuclear leucocytosis and in some severe cases myelocytosis with erythroblasts. In the later stages the polynucleosis gave way to lymphocytosis with eosinophilia. These peculiarities may afford a differential diagnosis between spirochaetic jaundice and certain forms of typhoid and paratyphoid infection which are characterized by leucopenia with lymphocytosis.

Serological investigations from the point of view of the differential diagnosis between spirochaetal and typhoid or paratyphoid infections also afforded results worthy of mention. Out of 112 cases it was found that a positive agglutination with typhoid and paratyphoid A was very rare, but somewhat less so with paratyphoid B. These results in individuals recently vaccinated do not lend much support to the theory of Frugoni, which attributes the greater part of cases of epidemic camp jaundice to paratyphoid infection. None of the cases under observation showed any clinical affinity with either typhoid or paratyphoid. Good therapeutic results were obtained by the administration of mixed mercurial and arsenical preparations, as evidenced by the prompt diminution of jaundice, lymphatic

gland enlargement, and tumefaction of liver and spleen. Even during the tebrile period no harmful results ensued from their administration, neither was albuminuria unfavorably affected.— (Lancet.)

The Cause of Typhus Fever.

The infecting agent in typhus fever has long been sought for and has long eluded capture. Its discovery has often been reported, however; bacilli, cocci, bacteria, and intracellular bodies have all been described since the year 1910 as the causal organism of the disease. The latest explorer in these regions of the unknown is Professor Kenzo Futaki, of Tokio, who indicates a spirochaete, named by him S. exanthematotyphi, as the cause of typhus fever.

of the unknown is Professor Kenzo Futaki, of Tokio, who indicates a spirochaete, named by him S. exanthematotyphi, as the cause of typhus fever.

Professor Futaki has been engaged in the investigation of typhus fever since 1915, and since April, 1917, has found a spirochaete, which he believes to be characteristic, in sections taken from the kidneys of seven out of eight patients dying of the disease in Japan. The same organism was discovered in the urine of six out of seven other typhus patients. It was discovered also in the kidneys, urine, and suprarenal glands of a rhesus monkey injected with the blood of a human being suffering from typhus fever, but it was not found in six other monkeys presumed to be normal.

The spirochaete is described as resembling the S. pallida in form; it is from 6 to 8 \(\mu \) in length, with from 5 to 7 spirals; it is vigorously motile and ciliated at the ends. It can be stained by silver and by Giemsa's stain. Professor Futaki adds that the virus of typhus fever is filterable and that he has found it in lice. It will be remembered that Nicolle, working in Tunis in 1909 and 1910, showed that the clothes louse serves as carrier of the typhus virus, and that he found the louse able to pass on the disease only after the lapse of three or four days, and only for a period of four days.—(Brit. M. J.)

The Nervous Symptoms in Polycythaemia Vera.

It is important to insist on the nervous manifestations in the disorder variously called polycythaemia vera, splenomegalic or myelopathic polycythaemia, erythraemia, Vaquez's or Osler's disease, as otherwise they may be regarded as due to an organic brain lesion, and even lead to an operation for cerebral tumor. Although a characteristic case is unlikely to escape recognition, the patients are not necessarily cyanosed or abnormally red; out of ten cases observed by H. A. Christian, who has recently written on this subject, five when seen at the hospital did not show the cutaneous color that would suggest the diagnosis of polycythaemia. The patients may, indeed, be pale, and in such instances the nervous symptoms, which are usually the reason why medical advice is sought, may easily be referred to an operable cerebral growth.

The nervous symptoms are very frequent. They were noted in all but one of Osler's nine collected cases, and out of Christian's ten cases eight showed definite nervous manifestations, such as headache, dizziness, asthenopia, blurred vision, transient blindness, scotomas often scintillating, diplopia, hemianopsia, slight swelling of the optic disc, paraethesias, pareses, and paralyses suggesting a focal lesion. One patient was for ten years under neurologists and ophthalmologists, cerebral tumor being often suspected before polycythaemia was recognized, and in another its existence was discovered only after an operation for cerebral decompressure had been performed. The blood changes probably exist for a long time before the onset of nervous symptoms, which are at first due to simple circulatory changes, but later depend on cerebral softening, haemorrhage, or thrombosis. There are as yet but few data as to the age at which polycythaemia usually appears, but it is remarkable that Christian's ten cases were all between 45 and 63 years of age, and that eight were between 50 and 56.—(Am. Jour. Med. Soc.)

Adrenal Indigestion.

Loeper, Beuzard and Wagner describe under this heading the gastro-intestinal symptoms associated with the slightest forms of adrenal insufficiency. As in Addison's disease, the symptoms depend on atony of the stomach and intestines. Gastric distension, often associated with swallowing of air, comes on half an hour or two hours after food and the HCl is deficient, and constipation is troublesome. Though an associated low blood pressure, melanodermia, and "the white line" (the reverse of the tache cérébrale) suggests the underlying cause, the most certain means of diagnosis is the response to hypodermic injection of ½ to 1 mg. of adrenalin once or twice daily. As a result the gastric peristalsis is seen by means of an x-ray examination to become vigorous, and the amount of HCl in the gastric juice is increased, while constipation and the other symptoms diminish.—(Bull, et mêm. Soc. Méd. des Hôp. de Paris, 1917, xli.)

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DIARRHEA

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nutrition furnished must be somewhat different than the milk modification usually supplied to the normal infant.

Food elements that seem to be particularly well adapted, mixtures that are suitable to meet the usual conditions, and the general management of the diet, are described in our pamphlet—"The Feeding of Infants in Diarrhea"—a copy of which will be sent to any physician who desires to become familiar with a rational procedure in summer diarrhea.

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An exposition of the value of malt and milk as an ideal and easily tolerated food is superfluous. Its ready assimilability and its calorific value will recommend it in numerous cases. Calcium and iron glycerophosphates have enjoyed much popularity in the profession as effective remedies in such conditions as mentioned above.

Vitamines, as you are aware, are little-known substances existing naturally in many foods, and exerting far-reaching effects on the metabolism of the body. According to the evidence of leading scientists, vitamines are absolutely essential to normal development and health. **Biomines** contains vitamines in combination with malt, milk and glycerophosphates, and affords a palatable, effective and easily assimilable means of administering these ingredients.

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Dr. Butler Changes Location.

Dr. George F. Butler has resigned as Medical Director of Mudlavia, and accepted a position as Medical Director of the North Shore Health Resort at Winnetka, Ill. He will take up his active duties there September 1st.

Lilly Antitoxin.

It has long been the custom of manufacturers of biologicals to offer two types of packages of diphtheria antitoxin: the "Regular" and the "Board of Health" packages. It is, therefore, of considerable interest to our readers that one of the large biological concerns—Eli Lilly & Company of Indianapolis—announces, elsewhere in this issue, that it supplies but one type of package of diphtheria antitoxin and that at an attractive price.

The Lilly antitoxin, according to good authority, is a purified, highly concentrated product, only the globulins containing the antitoxic bodies being used. Excess protein is, therefore, eliminated and the volume of the solution is reduced, thus insuring minimum danger of anaphylactic reactions and discomforts from injections.

The announcement of the intention of Eli Lilly & Company to supply but one package at an attractive price will undoubtedly be welcomed by the medical profession. The specificity of diphtheria antitoxin is definitely established and it is being relied upon unreservedly. The ease with which the Lilly product can be secured through the drug trade, from stocks kept under proper storage conditions, together with the fine reputation for quality enjoyed by this company should do much to increase the use of Diphtheria Antitoxin, Lilly.

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The "Schering" in Schering & Glatz stands for the name of one of the founders, Mr. Hugo Schering, a distant relative of the Berlin family. He and the original partner, Mr. Glatz, both American citizens have been dead for many years.

American citizens, have been dead for many years.

Schering & Glatz leading chemical and pharmaceutical products, so long identified by the brand name of "S. & G.," are now manufactured in the U. S. A., either by themselves or under their direct supervision and control. Others, as yet unavailable, will be added as fast as prevailing conditions permit.

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Controlling Hemorrhoidal Conditions.

Clinical evidence in abundance has proven Medeol Suppositories to be an ideal palliative treatment for rectal affections. Unlike many local remedies that are really too irritating to be used efficiently, or that lack the necessary ingredients to give results of any success, Medeol Suppositories are entirely devoid of irritating substances and give almost immediate relief. While it is not claimed that these suppositories will obviate the desirability of operative measures in some cases, they have frequently removed hemorrhoids where an operation would have otherwise been necessary.

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It is slightly antiseptic.

It is especially effective for cleansing the hands, face, and hair.

It is put up in collapsible tubes of pure tin so that it may be easily carried about in a physician's bag.

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In the treatment of disorders of the digestive tract so prevalent in warm weather, particularly among infants and children, physicians have experienced much satisfaction during the past 37 years with

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Compatible with almost any other medicinal agent likely to be required in this class of cases, there is no more acceptable antiseptic solution than

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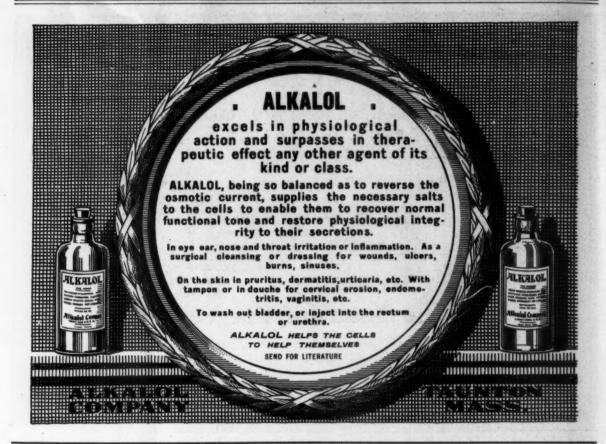
"Acute Intestinal Infections of Children"

mailed to any physician on request.

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The Modern Miracle.

Scarcely two years have elapsed since many lines of our industrial life were threatened with utter demoralization because of the shortage of dyestuffs and medicinals resulting from the blockade of German ports by the British navy. Textile mills faced the imminent possibility of shutting down because of inability to secure dyestuffs for their fabrics. Tanners, lithographers, and wall paper men sought in vain for needed coloring matter, and pharmacists' stocks of many much-used medicinals becafe depleted. On account of these shortages and the accompanying speculation in the remaining stocks, prices soared to undreamed-of heights.

Yet within this short period of two years, one of which has been devoted to war preparations, a miracle has been wrought. Mills have not closed; all lines of industrial life requiring synthetic colors are operating under normal conditions; the sick have been provided with ample medicinal supplies; prices have been largely reduced and are comparable with prices of all other commercial products; in addition, ships have borne from America to other parts of the world large quantities of dyestuffs.

No more fitting tribute could be paid to the skill and energy

of the American chemist than has been done through the medium of two government announcements which have been issued during the past month, the one by the U. S. Tariff Commission and the other by the War Industries Board.

the other by the War Industries Board.

In the statement sent out by the Tariff Commission the results of its census of synthetic dyestuffs and medicinals are given (page 582, this issue). According to these figures the importation of dyestuffs in the fiscal year 1914 was 45,840,866 pounds, while in 1917 the domestic production amounted to 45,977,246 pounds. The tonnage has been made good and even exceeded. While it is true that there is a difference "in the relative amounts of the various classes of dyes" in the two periods mentioned, it is interesting to note, as the Commission's statement points out, that the lines which have failed of their full share of development have been exactly those to which were given only the ad valorem duty of 30 per cent, while in were given only the ad valorem duty of 30 per cent, while in those classes which were given both the 30 per cent ad valorem and the 5 cents per pound special duty "the American manufacturers have shown remarkable progress." The statements of manufacturers and consumers at the hearings on the Hill

bill are abundantly confirmed by the announcement of the Tariff Commission. By the enactment of tariff and anti-dumping leg-islation, capital was attracted to the industry, and the chemist has made good.

As to medicinals, the War Industries Board, in an authorized statement in the Official Bulletin of June 6, 1918, says:

"Actual or prospective shortages have come to the notice of the Board in but few instances so far as medicine and medicinal chemicals are concerned. * * * * Congress, capital, and chemists co-operating have accomplished the modern miracle.

The Eyes of the Army.

Allen Greenwood, Boston, describes what has been done for correction of eye defects in the army. Some criticisms have been made on the standard frame adopted, but it seemed to have more advantages than any other, with its three variations of bridge. The most frequent criticism, however, is of the round eye piece, and the disadvantage that the cylindric lenses may be turned in the frame. This is best answered by calling attention to the fact that all cylindric lenses when in place are marked on the side, at a point close to the middle of the temple attachment, and the soldier's attention is called to this, so that he can watch for any possible shifting. Other methods of meeting the difficulty are noticed, and a list of lenses supplied in the equipments of the various units. Steps were taken to have a first-class optician in each of the canton-ments. For the central optical unit, a full equipment of machinery for the surfacing and edging of lenses, and a plenti-ful supply of glass and blanks was provided to be used by skilled workers on the spot.—(J.A.M.A.)

Blood Pressure in Gout.

Jacob Rosenbloom, Pittsburgh, in a clinical note reports that he has carried out frequent blood pressure readings on four cases of classical gout and gives results of some interest in an appended table. A study of the table shows clearly that hypertension was not present in the patients except during the acute attacks. Between the attacks the blood pressure tended to be lower rather than higher than the normal.—(J. A. M. A.)



Under Laboratory Conditions

It is easy to perform a clean laboratory experiment and obtain a clean product, but large scale production requires a multiplication of effort to insure sanitary handling, sterile containers, and dust and germ proof packing.

We have maintained laboratory vigilance with increased production, and today the physician prescribing Nujol knows that it is an absolutely uniform product, prepared under absolutely ideal sanitary conditions.

Further than this, the name of the manufacturer behind Nujol means that it is the finest product for use in the treatment of constipation which it is possible to manufacture.

Nujol is put up in bottles only bearing the Nujol trademark, and is never sold in bulk.

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With An American Ambulance Driver.

A young relative of one of our readers has sent a friend on this side the water this chatty letter. It is reproduced because it shows the splendid spirit of these brave American boys somewhere in France:

Dear Jim: We have been here over three months now and

Dear Jim: We have been here over three months now and have certainly had a wonderful opportunity of seeing France, having traveled about 1,000 miles by automobile, or, rather, ambulances

No doubt you have read about the big gun the Germans have been shooting into Paris. I suppose you thought, just as we did about it, a fake, of course. Well, it is no fake; they shoot into Paris every once in a while, but do not do much damage, except the time they hit the church and killed

This war is no fun, Jim. One can't imagine what it is until you see the wounded and hear the Boche shells come over

you see the wounded and hear the Boche shells come over and break, then see a house fall down in front of you. About the third day we were doing work, one of our machines was coming from a dressing station with four wounded. They were shelling the road, and one of them got the machine, killing the four wounded but luckily only wounded the driver. His arm was so badly shattered they had to take it off; his back was full of shrapnel, and he also has a fractured skull. I saw him the other day, and he is getting along fine in high spirits. along fine, in high spirits.

Yesterday another of our machines was blown to pieces. It was standing outside the dressing station we run from. No one was in it or near it, so we did not mind.

We have three posts; the main one where we have our

headquarters is in a town which is not shelled at all. We run headquarters is in a town which is not shelled at all. We run from a small hospital here to a base hospital. Our next post is just outside a small town, alongside of a road. We have ten machines stationed there all the time. We have dugouts in the side of a bank there; we use these to duck into when the shells come, and also to sleep in. We are right among the French batteries, and the Boche are either shelling the town or the batteries, so we have it pretty lively. The nearest shell that has landed is about 25 or 30 feet away; no fun, Jim. From here we run up to the dressing station, located in the next town about a quarter of a mile away. At the dressing station only one machine is stationed. When that machine leaves with wounded they telephone the dugouts and then one machine leaves there for the dressing station. At the dressing

machine leaves there for the dressing station. At the dressing station we have a cellar to go into.

We have to leave the town and enter it under shell fire.

We have to leave the town and enter it under shell fire. The nearest one has come to me is hitting the dressing station while I was in the cellar. It only tore quite a hole in the brick wall, so no damage was done to anybody. The most unpleasant feeling I have had is going into this town one day. Just as I entered a shell hit a wooden building about 150 yards ahead of me. Well, Jim, I just gritted my teeth and opened the old Ford up wide.

We drive night and day. At night we have to travel without lights and miss the shell holes in the road at the same time. It is the hardest job I have ever tried to tackle. We stay on at these posts 48 hours, then we come in for a rest. We are never sorry when our time comes for a relief.

at these posts 46 hours, then we come in for a rest. We are never sorry when, our time comes for a relief.

It is hell Jim, when you hear those Boche shells coming. That is one good feature, Jim, we can hear them coming. The small ones (105) make a swishing noise, then the bang; the larger ones (210) make a wailing noise. You ought to You ought to X. Y. Z. see me duck when I hear one coming.

Garbage Is Valuable.

Urging greater care in the handling of garbage, the Food Administration addresses the following to the housekeeper: Mrs. Housekeeper: Don't waste or burn your garbage. It is valuable.

One ton of garbage contains—Sufficient glycerin for the explosive charge of fourteen 75-millimeter shells; sufficient "fatty acid" for the manufacture of one hundred 12-ounce cakes of soap; sufficient fertilizer elements to grow 8 bushels of wheat; a score of other materials valuable in munition making.

If used as hog feed it will produce-One hundred pounds of good, firm, first quality pork.
Can you afford to destroy these valuable products when you

The United States Food Administration urges every house-wife—To be watchful over what goes into the garbage pail; to put less in and take more out. But what must go into the pail should be kepf separated from other household refuse so that it can be utilized either for making munitions or for hog feed. Do not permit broken glass, crockery, phonograph needles, or other foreign substance to get into the garbage pail Remember, garbage is valuable. Keep it clean!

Soldiers Send Food Slogans

As an evidence that those who fight are vitally interested in food conservation, the Division of Reclamation and Conservation, Quartermaster Corps, United States Army, has sent to the Food Administration many slogans written by our soldiers. From these we have selected a few, which will give a general idea as to how food conservation appeals to "the boys":

Fight to conserve; conserve to fight. S O S.

Konservation Kills Kaiserism. S O S.

The U-boats are wasting some of our food; don't be a U-boat. S O S.

Don't waste. A white chip may call the Kaiser's bluff. S O S.

Waste reclaimed is ground regained. S O S.

Do not stint the soldiers in the trenches by wasting food in the camps. S O S.

Saving scraps over here will save the scrap over there.

Saving scraps over here will save the scrap over there. S O S.

SOS.
The home folks save; what about you? SOS.
Waste food, and knife our men in the back. SOS.
To waste is to give "aid and comfort" to the enemy; and that is treason. SOS.
War is scraping our sugar bins, our granaries, our packing houses. The less we waste the longer it will take to empty them. SOS.

Reducing Shell Shock.

Frequent cheerful letters from home help to make American soldiers less subject to shell shock, according to W. Frank Persons, Director General of the Department of Civilian Relief, American Red Cross, who has been spending four weeks with the American Expeditionary Forces in France.

"Any worry about the condition of his dependents or relatives tends to put a soldier into a condition where he is subject to shell shock," said Mr. Persons. "I have this on the authority of eminent specialists who are dealing with such cases in the military hospitals. A soldier who is untouched by bullet or shell may, from shell shock, return to his trench in such nervous condition as to require hospital treatment and a long rest. The best insurance against this serious by-product of modern warbest insurance against this serious by-product of modern war-fare, the physicians say, is for the man to go over the top or meet a charge in a buoyant, untroubled frame of mind in which his sole concern is the serious business at hand. Cheerful letters from home help to produce the proper mental attitude, but confidence that the home folks lack for nothing is an essential foundation.

foundation.

"That our men may be protected as far as possible from worry about their families, and that nothing else that will maintain morale be left undone, it is obvious that the American people must see to it that no family of a soldier lacks for anything that will enable it to write honestly cheerful letters abroad.

"To the American Red Cross has been given leadership in this vital undertaking. With utmost sympathy its 40,000 workers, organized as the Home Service Sections of 5,000 Red Cross chapters, have come already into friendly touch with 300,000 families of soldiers. Whatever the need, this need has been met at once either directly by the Home Service Section, or in co-operation with local agencies."

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We believe that if you will read and consider its contents in the light of your professional knowledge and experience, you will instantly recognize the scientific merit of the Philo Burt Method for relieving and correcting spinal curvature, with its sequelæ, and that you will avail yourself of the first opportunity to conclusively demonstrate its value.

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Experience shows that the immunizing influence of an appropriate bacterin will either cure the disease or so modify it that it causes but little distress. Use Sherman's Number 40.

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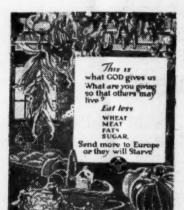
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The Urea Index.

Reginald Fitz, New York, reports the urea index as a test for kidney function in the war hospital. McLean's directions were followed exactly and Marshall's urease method was found most satisfactory, using the permanent preparation of urease described by Van Slyke and Cullen. Cases showing the prognostic value of the test are reported, and also the possibility of its application in a tent hospital with few laboratory facilities. It has the advantage over the phenolsulphonenthalein. of its application in a tent hospital with few laboratory facili-ties. It has the advantage over the phenoisulphonephthalein test in not requiring injections, which may possibly be a source of sepsis, and in being more agreeable to the average patient. As McLean claims, it gives results of practical value in the recognition, prognosis and treatment in certain conditions of impairment of renal function.—(J. A. M. A.)

Streptococcus Epidemic.

Herbert Fox, Philadelphia, and W. W. Hamburger, Chicago, Herbert Fox, Philadelphia, and W. W. Hamburger, Chicago, give an account of the streptococcus epidemic at Camp Zachary Taylor last winter. Pneumonia of the lobar type appeared early in the autumn, and has continued more or less ever since, most cases showing a Type IV organism. Measles came later, after the pneumonia, and was typical in character, with the usual mortality in the adult. With the appearance of the streptococcus, infections the clinical nicture, and mathology. streptococcus infections the clinical picture and pathology changed noticeably. "The men became ill very rapidly, were completely prostrated, and gave the appearance of having profound toxemia; empyema began to appear; pathologically, the lesions turned from catarrhal to hemorrhagic, and the anatomic evidences of septicemia were manifested. At the same time also there began to appear severe angina, tonsillitis, ottiss media et interna, and mastoid abscess, followed in several instances by meningitis. There were also some cases of erysipelas, and streptococcus cellulitis from one or another local cause."

The authors consider the streptococcus epidemic as distinct from that of the measles, that it is primarily a septicemia in some cases and that in others it may have been a local process. some cases and that in others it may have been a local process. The camp is situated in a dusty region, which may have contributed to the infection acquired by the soldiers coming not always in the best health conditions to resist it. The camp is considered by them as an incubator for the streptococcus, and the virulence of this organism is increased. Streptococcus in the pharynx is the cause of the complications in measles, and patients having such were isolated. Dust containing streptococci was found. It would seem that protective vaccination would be of some value, and a detention camp for incomstreptococci was found. It would seem that protective vaccination would be of some value, and a detention camp for incoming troops to rest and become acclimated is imperative. The authors say in conclusion: "The study of an epidemic of streptococcal infections in army camps shows it to be a comprehensive problem of many interrelated parts, each of which should be analyzed and controlled. The local exemption boards may be regarded as multiple foci of potential disease feeding into camp, the depot brigade as the portal of entry of men and infection into the camp, and the regimental infirmaries as the out-patient department of the base hospital."—(J. A. M. A.)

In the Modern Scheme of

Personal Hygiene

disinfection of the nose and throat is recognized as of paramount importance. The oral and nasal passages stand, not alone as portals of entrance where pathogenic organisms may get into the body, but also as depots wherein disease germs may accumulate, and from which they are pretty sure sooner or later to be disseminated broadcast by the discharges. Routine cleansing becomes imperative, therefore, for the safety of the host and the protection of the public.

To accomplish oral and nasal disinfection, there is no other germicide so acceptable in every way as

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More potent in bactericidal action than the solutions of carbolic or bichloride usually employed, Dioxogen has the further great advantage of being absolutely free from toxic or harmful effect.

Its use makes possible the safe and effective application of the everyday details of *personal hygiene*, especially in the direction of nasal prophylaxis.

Directions for Nasal Disinfection.—Dioxogen in the proportion of one part to seven parts warm nor-

to seven parts warm normal salt solution has been found exceptionally satisfactory for routine cleansing of the nose. It can be used as freely as desired, no matter how sensitive the nasal mucous membrane.

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It is bland, palatable and easily acceptable to the irritable is especially adapted. gastric mucous membrane, for it is axiomatic that organic iron is assimilable iron and free from all harsh or constipating effects.

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may be used-even in cases of debilitated digestive powers

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Duties of the Dermatologist.

H. H. Hazen, Washington, D. C., calls attention to certain matters having special reference to the medical duties of the dermatologist as regards the profession and the public. The meetings of specialists' societies and of sections of the larger association have not done, he thinks, all that might be expected of them. Their meetings have been pleasant social occasions with some good papers and valuable discussions, but more might be asked. Would it not be fair to ask such societies to give out general authoritative information for the benefit of the practitioner, the lay citizen, and government guidance A standard publication committee might occasionally publish critiques, answer proper questions, and assign definite problems to members to be reported on. These are only suggestions for the future. As regards duties to patients, one important thing must be emphasized; the duty to recognize serious ailments that may be developing, such as early cancer and first or obscure symptoms of constitutional disease. Reference to skilled specialists is also a duty as well as consultation in such cases.

There has, Hazen thinks, been too much deference given to Teutonic authority in dermatologic matters, and if the students who have gone to Germany had realized that frequently their privat-docent or professor was too ignorant or quently their privat-docent or professor was too ignorant or conceited to recognize work done in America, it would have been better for them. To some of us it has always been a marvel that more of us could not see through the folly of taking too seriously the work of a man who could publish a lengthy bibliography with no American references whatever, and scarcely any but German ones. We must prepare to train dermatologists and syphilologists, and have fewer and better clinics, so as to spare us the necessity of going abroad. The arsphenamin situation is also discussed, and we should see that we are not crippled by a renewal of the monopolies that existed before the war. The duties of a dermatologist to his governnent and country are referred to at length by Hazen, and he gives a list of some of those who have given all their services to the government and a few who have even given their lives in active service. There are others, however, who, without giving their all, could give services of greatest value, as consultants and visitors to hospitals and camps in the same capacity in which they now act for the civil hospitals. Army physicians in which they now act for the civil hospitals. Army physicians would thus secure additional aid and training, and be freer to

fulfill their multifarious military obligations unhampered. At the same time we must appreciate the tremendous difficulties that have attended the sudden expansion of the medical corps of the army. These are offered as suggestions worthy of of the army. consideration .- (J. A. M. A.)



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call "quick breads."

You all makes 'em wid one cup
er wheat flour ter two cups er
substitute flour to save all de
wheat dat kin be saved fer de
sojers. Some folks kin git er'long
widout any wheat at all and are
glad to do it ter help win de war.
Dat ain't bad med'cine to take,
fo' who's gwine tu'n up his nose
at good co'n bread er biscuits er
flapjacks?

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Venereal Prophylaxis.

M. C. Thrush, Camp Dix, Wrightstown, N. J., says that nowhere in the domain of medical science has the value of sanitary measures been better illustrated than in the regula-tions established by the U. S. Army. Venereal disease, the bane of armies, has been curbed by the following regulations: bane of armies, has been curbed by the following regulations: "1. General orders concerning venereal diseases, requiring men who expose themselves to the danger of contracting venereal diseases to report at once for prophylactic treatment on return to the camp; with trial by court martial for neglect of duty for any soldier who fails to comply with such instructions, and loss of pay while absent on account of sickness. 2. Thorough physical inspection of all the enlisted men of each organization, twice in each month by a redical effect organization, the the enlist of the enditor of the end of the en twice in each month, by a medical officer accompanied by the company or detachment commander. 3. Abolition of alcohol from the army. 4. Establishment of "vice zones" around military camps, forts and cantonments."

The author illustrates the efficiency of these procedures by citing his experiences or expectable surgeon in the Three Hungeling and the comments.

The author fitustrates the efficiency of these procedures by citing his experiences as regimental surgeon in the Three Hundred and Fiftieth Field Artillery, Ninety-second Division National Army, at Camp Dix, N. J. The corps reported on is composed entirely of colored troops drafted in the state of New Jersey. From the formation of this regiment, Nov. 8, 1917, to April 19, 1918, only nineteen cases of venereal disease

have developed which did not exist prior to draft. During this time 1,561 prophylactic treatments were given and only seven men thus treated contracted venereal disease. Five were gonor-rhea, one chancroid, and one syphilis. All were cases of over twenty-four hours' duration. This shows the efficiency of prophylactic treatment and the value of early treatment when possible. The men were all raw recruits and had held such positions as butlers, chauffeurs, farm hands, cooks, waiters, bell boys, and a large number as common laborers. Only about 5 per cent had had full common school education or higher. Twenty were illiterate, leaving 20 per cent with more or less common school education. They were exceedingly amenable to discipline and the sick rate was the lowest of any regiment in the camp. have developed which did not exist prior to draft. During this

This result was obtained by harmonious co-operation between the medical and other officers, by frequent lectures to the men in plain understandable English, giving the reasons for every order designed for their protection and stating the physical suffering, as well as military punishment, following its violation, also by encouraging the men in all forms of athletics music and entertainments of various kinds and the reading of useful books on military and other subjects, implicit confidence of the men in their officers so as to insure instant and willing compliance with the needed regulations.—(I. A. M. A.)



FOR HEMORRHOIDS

Hameloids Contain

Anaesthetic (Local)

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Acetanilide

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Made with a special hard base, they fuse slowly giving maximum benefit of medicaments. Just the proper shape for easy retention. Hameloids are very effective in controlling the Tenesmus of Diarrhoea or Dysentery.

Samples gladly sent on request

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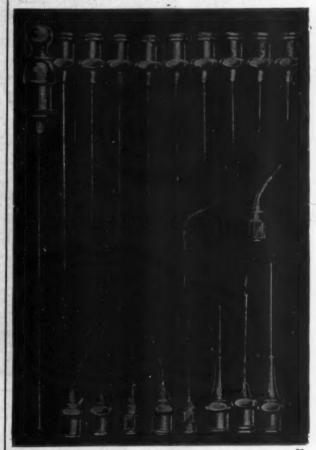
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CANNOT RUST and their immunity from other corrosive chemical action contributes the last word in hypodermic asepsis and technical efficacy.

MODERATE COST and great durability indicate an obvious economy and eliminates every obstacle to their universal adoption by the Medical and Dental Professions.

Do not confuse the tempered gold needle with the untempered gold needle here-to-fore on the market.



		PR	CES		
4-4 %" 1" 4 %" 1%"	24 23 21 20	Per Doz. Gauge\$3.00 4.50 46.00 49.00	11/4" 20 2" 19 21/4" 18 3" 17	Gauge\$1.00	0000

To the Practioner who is unable to secure these Needles otherwise we will mail postpaid one dozen assorted needles from 36" to 134" upon receipt of five dollars.

When ordering, it is important to mention the kind of syringe the needles are required to fit.

Precious Metals Tempering Co., Inc. 30 Church Street, (Suite 527) New York



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Satisfaction and Economy in the use of our Aseptic Ampules :-

Satisfaction because of the purity of the chemicals, accuracy of dosage and complete sterility of the solutions or suspensions as well as of the ampules per se

Economy because even with our Mecury Salicylate you can use your regular hypodermic syringe—thus saving an investment in a special syringe and needle for the denser suspensions

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TAUROCOL TABLE

HEPATIC INSUFFICIENCY, INTESTINAL PUTREFACTION. HABITUAL CONSTIPATION and GALL STONES.

TAUROCOL Directly Stimulates the Liver Cells. Producing an Abundant Flow of Bile Rich in Cholates, Solvent of Cholesterin and a Biliary Antiseptic.

DOSE: Three on retiring or one three times daily before meals, reducing dose as Bile increases.

Physicians are invited to send for samples, formula and literature. Physicians are invited to send for samples, formula and literature

Taurocol Tablets are obtainable from the leading druggists and through the wholesalers.

THE PAUL PLESSNER CO. DETROIT

Miotics in Sphincter Iridis.

R. J. Curdy, Kansas City, Mo., after referring to and quoting from the contradictory opinions as to the effect of miotic drugs in cases of incomplete sphincter, gives illustrations of the actual size of the pupils in three eyes after the use of physostigmin following iridectomy. Miotics may act in two ways, he concludes, and are usually indicated because of iritis, and any permanent mydriasis resulting is to be attributed to the injury and not to the use of mydriatic treatment. "Physostigmin can produce contraction of the pupil, narrowing of the coloboma, and reduction of the glaucomatous tension in iridection in the coloboma and reduction of the glaucomatous tension in iridection in the coloboma. coloboma, and reduction of the glaucomatous tension in iridectomized eyes. The contraction of the pupil and coloboma indicates that there is a relaxing effect on the radial fibers of the iris, as well as the spastic effect on the sphincter. The action of the ciliary body is a factor in the reduction of the glaucomatous tension produced by physostigmin. It is probable that miotics (and mydriatics) have no power to increase or diminish the extent of radial tears of the iris."—(J. A. M. A.)

The fear of coming in contact with those suffering from tuberculosis is out of all proportion to the danger of contracting the disease.—Slater.

Industrial Poisoning.

Industrial Poisoning.

A. S. Hamilton and C. E. Nixon, Minneapolis, report a case of poisoning by trivalene (binitrotoluene) in a foreman in a munition factory. The chief symptoms were numbness and prickling and weakness in the lower extremities, and failure of sight. At the present he is able to get about without difficulty but cannot read or even distinguish features. All the cranial nerves are normal except as noted, the muscles are of good volume but strength much impaired, coordination poor in the lower limbs. There was no evidence of syphilis. Under treatment with laxatives, potassium iodid and sweating the patient showed improvement in about two months and this has continued since. In the month of February, 1918, he still complained of tingling and numbness in the toes. Binitrotoluene, known under the name of trivalene in the plant where this man worked, is the second step in the nitration of toluene and is absorbed through the skin and mucous membranes. Other cases occurring in the same plant are briefly mentioned, two of pronounced temporary mental aberration, and one of somnolence coming on abruptly and resembling in its symptoms alcoholic intoxication. References are given to similar accounts of industrial poisoning in the manufacture of explosives.—
(J. A. M. A.)

Gray's Glycerine Tonic Comp.

(Formula of Dr. John P. Grav)

A tonic of broad application.

Notably effective in all weakened or debilitated conditions.

No contraindication of age or season.

Effective

Prompt Dependable

The Purdue Frederick Co.

135 Christopher Street
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Are You Using Culture A/Bacillus Bulgaricus

(Metchnikoff)

in your cases of High Blood Pressure resulting from auto-intoxication? If not, try one case; you will not only be gratified, but amazed. If you desire further particulars, a postal card will bring a representative to your office.

Send for a physician's list of all our products, so that you may familiarize yourself with them.

Franco-American Ferment Company
Specialists on Bacillus Bulgaricus (Metchnikoff)
225 Sixth Avenue, New York City





U. S. Food Administration U. S. Food Administration.

De ol' song sez "Dar's Sugar in
de Gourd," but Br'er "Tater 'lows
dat de only sugar he's studyin'
'bout now-a-days is what's in de
sugar bowl en hit's gwine ter stay
dar.

dar.

De folks wots doin' de fightin'
mus' have sugar fust.

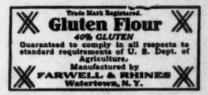
But ef dars enny sweet'nin' in
de gourd now'days, he sho' gwine
ter git tapped, 'cause dey's lookin'
fer syrups en 'lasses en honey to
"substitute."

tion relative to po

THE WALKEASY ARTIFICIAL L
subines all the latest improvements in modern Artificial
natruction. Our free Art Catalogue contains valuable in
on relative to points of amputation, care of stump and

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Beller's Print Shop Booter's Stationery Printers, 139 Harrison Ave. PHONE W'MSBURGH 4811 Brooklyn, N. Y.

Horse Serum and Agglutination of Human Blood Corpuscles.

H. U. Williams and H. A. Patterson, Buffalo, N. Y., report their study on agglutination of human red blood corpuscles Nineteen specimens of horse serum were by horse serum. used, and included antistreptococcus, antipneumococcus and antidysentery serums. Nine of them were normal horse serums, only one of them containing a preservative. Of the nineteen serums used, twelve produced some agglutination of human red corpuscles in the test tube, while seven produced practically no agglutination. The details as regards age, temperature and method of experimentation are given. The question of whether alien serums agglutinating red corpuscles may cause death of the recipient is not answered by the authors, the evidence seeming to them inconclusive; but they want to emphasize the suggestion that the possibility of agglutination in human cases resulting fatally when large injections have been given should be considered. If normal horse serum or an immune serum is to be used in large doses, especially if by intravenous injection, a safe and simple precaution would be for the investigator to take a little of the horse's blood, just before the final bleeding, and test it for agglutinating power with a number of human bloods, rejecting any horse whose serum had distinct agglutinating power. In case of horses used for immunizing purposes, such a test would be, of course, performed before beginning immunization.—(J. A. M. A.)



Something NEW

in tablet manufacture—a Searle (Purity and Accuracy) product.

Something Efficient

in the treatment of coughs, bronchitis and all affections of the respiratory tract.

Something Convenient

ever ready, no waste, no storage, nothing to spoil, sour or deteriorate.

Something Economical

—the tablets used in preparing 4 ounces Syrup, if bought in 500 lots, cost approximately 2½ cents.

We will send enough tablets (100) to make 12½ pints of Cough Syrup upon receipt of price, \$1.25. Address

G. D. SEARLE & CO.

215 W. Ohio Street

Chicago, tIll.

Anuso Suppositories

When we were unable, for a while, to supply Anusol Suppositories five times, and more, the regular price was eagerly paid for what the trade had on hand.

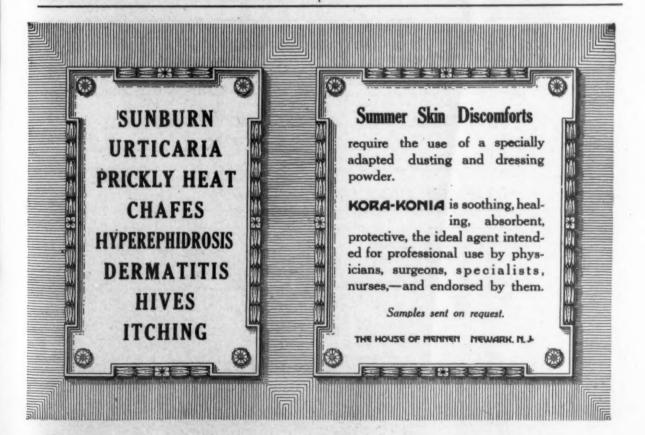
And that with substitutes offered on

We can draw only one conclusion from that.

How about you, Doctor? Sample on request.

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FURNISHED TWELVE IN GREY BOX WHITE, RED AND BLACK LABEL AT BEFORE-THE-WAR PRICE. SCHERING & GLATZ, Inc NewYork



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can be quickly made to order. Our 144 Page Illustrated Book will be mailed free on request

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CANADIAN AGENCY. ALASKA BEDDING OF MONTREAL, Ltd., MONTREAL



The Ideal Corrective in Digestive Disorders. Efficient in Summer Complaint of Children FREE SAMPLES TO THE PROFESSION

Manufactured only by NEW LEBANON, N. Y.

TILDEN COMPANY Pharmacists and Chemists THE

ST. LOUIS, MO.

Pond's Extract

To allay the itching, smarting and burning of the heat rashes, there is no lotion more effective than Pond's Extract, full strength-or diluted with water equal parts.

Cooling, soothing and anti-pruritic, Pond's Extract is invaluable in the treatment of hives, sunburn, chafing, ivy-poisoning, etc. POND'S EXTRACT CO., New York and London

Prickly Heat

DROPSY physicians say:



"---results remarkable, even beyond my expectations. ANEDEMIN is truly a Medicinal Trocar in dropsy from any cause."--From Member Board of Examiners.

"—gave tablets as last resort to man 78 years of age dying with a very weak irregular heart, general oedema, dyspnea, etc., and he made complete recovery."—From Member State Board of Health, Calif.

"—physicians can push ANEDEMIN without fear if the patient can stand the loss of effusion quickly and it is equally as valuable in the cause, as in dropsical effusion."—From prominent Kentucky physician.

"—ANEDEMIN Tablets did everything you claimed for them. Seventeen days after I began using them I was able to leave the hospital where I had been for seven months. I am about ready to resume my practice."—From a California physician.

Name and address of above to the doubtful, samples, formula and literature to physicians on request.

"Made in America"

ANEDEMIN CHEMICAL CO., News Bldg.,

Chattanooga, Tenn.

Alkalol For Inflammations of the Skin.

It is only natural that busy physicians should have neither time nor the inclination to consider minutely the claims made for what are generally referred to as "antiseptic solutions," in consequence of which, one is apt to employ that preparation which comes first to mind, without giving much attention to the question, as to whether or not such a preparation is particularly indicated in the indicated at the constant of t ticularly indicated in the individual case.

Alkalol is said to help the cell to help itself, which means that on account of its hypotonicity, it reverses the osmotic current, instead of provoking a discharge of secretion of cells which consequence of which, one is apt to employ that preparation sary salts which enable the cells to recover a normal functional tone and re-establish the physiological integrity of their secre-

tion. Alkalol is especially useful in those inflammations of the skin or mucous membranes that result from hot weather conditions, sunburn, dust infection, conjunctivitis, rhinitis coryza, tonsilitis, prickly heat, insect bites, poison ivy, etc.

The literature regarding Alkalol is interesting and well worth reading. It will be sent to any physician on request on applying to The Alkalol Co., Taunton, Mass.

American Medico-Pharmaceutical League—Twenty-first annual convention at the Hotel Astor, Times Square, New York City, on Monday, May 20th, 1918. The first medical association in the Americas to admit pharmacists. All desiring to read papers are invited to forward titles. Dues, \$2 per annum; initiation fee, \$1. Physicians, pharmacists and dentists eligible. Eugenie R. Eliscu, M. D., treasurer, New York City; address Dr. S. Brothers, corresponding secretary, 96 New Jersey Avenue, Brooklyn, N. Y. Telephone. A certificate of membership free to each paid-up member. member.

Tuberculosis is not inherited. Infection plus a lowered resistance is necessary to produce the disease in a clinical form.

The Prevention of Disease

is mainly a problem of the individual. Once—and not so long ago-inanimate things were believed to be the chief agencies in the transmission of infection. To-day it is known that the great majority of communicable diseases are transmitted directly from person to person, largely by means of the secretions and discharges from the nose, throat and mouth.

With this so evident, it is plain that the principal point of attack in preventing communicable diseases is to be found in routine disinfection of the mouth and nose.

Fortunately in

physicians have at their command a tasteless and odorless disinfectant, that owing to its composition and character is singularly suitable for cleansing the nasal passages and dis-

singularly suitable for cleansing the nasal passages and disinfecting the mouth and teeth.

Of high germicidal power, without the slightest trace of harmful or poisonous property, and relying entirely upon the virtues of oxygen for its effectiveness, Dioxogen is of unique value for all hygienic purposes.

In recommending Dioxogen, therefore, for routine hygienic use, medical men are able not only to benefit individual patients who are infected, but also to reduce the dangers for those who are not.

To a great many physicians Dioxogen is an ally, whose aid and support they have come to rely upon implicitly in the every day warfare with the common enemy, the germs of communicable disease.

The Oakland Chemical Co. 10 Astor Place New York City

Liguis Peptonoids

is a Dependable Preparation of

RECOGNIZED OUALITIES and STANDARDIZED QUANTITIES

Its immediately available and fixed amounts of Carbohydrate, Nitrogen, Calories—secure its position as the standard sick room

EMERGENCY NUTRIENT

and DIETETIC AUXILIARY

Also Liquid Peptonoids with Creosote

THE ARLINGTON CHEMICAL COMPANY YONKERS, N. Y.

Sanitubes and Immediate Treatment.

One of the important results of the war has been the interest taken in the prevention of venereal diseases. In the field of immediate treatment, the army has introduced a most radical mmediate treatment, the army has introduced a most radical measure in establishing prophylactic stations in the center of our larger cities, where soldiers and sailors can obtain treatment before returning to their barracks or ship. The army stations still use calomel salve to prevent syphilis and an injection of a solution of some organic silver salt to prevent gonorrhoea. In this respect the prophylactic stations are still far behind the tubes which utilize but one medication for all three venereal diseases.

The small tubes known as Sanitubes and used originally in the navy seem to embrace all the desirable qualities of an ideal prophylactic or "immediate treatment." They are easily carried; they are not unpleasant to use, because they leave no disagreeable stains on hands or clothing; they do not irritate; and the small thin, nozzle of the tube itself makes the application of the ointment the simplest thing imaginable.

For the civilian each Sanitube constitutes a private "immedi-

For the civilian each Sanitube constitutes a private "immediate treatment" station.

Sanitubes were thoroughly tested out by laboratory and practical experiments before being placed on the market. They were also submitted to Prof. Metchnikoff at the Pasteur Institute, Paris, to see if the modification of his ointment influenced the anti-syphilic properties of it in any way.

The Sanitube Company of Newport, R. I., will send literature giving a complete history of their product to anyone writing for the same.

Our readers' attention is called, elsewhere in this issue, to a recent announcement of considerable importance to the profession having to do with Diphtheria Antitoxin, Lilly.

Despite government regulations there is possible a wide range Despite government regulations there is possible a wide range of difference in antitoxins, and distribution and packages differ as well. Diphtheria Antitoxin, Lilly, is now supplied in one type of package and at an attractive price. It is a purified, highly concentrated product, only the globulins containing the antitoxic bodies being used. Diphtheria Antitoxin, Lilly, is easy to secure through the drug trade from stocks kept under proper storage conditions.

With due respect to the brilliant achievements of gall-bladder surgery-

It can hardly be said that every gall stone patient needs an operation.

Or even a great majority of them,

Wherever medical treatment is logical and of avail, Probilin Pills can be relied upon to do the work.

More information on request,

MADE IN U.S.A.

FURNISHED SIXTY IN AMBER VIAL WITH GREEN LABEL AND RED SEAL AT BEFORE-THE-WAR PRICE. SCHERING & GLATZ.INC. NEWYORK



to cultivated, interesting people seeking rest and recreation at the seashore. Hospitable—homelike. Modern in every particular. Splendid surf bathing. All sports and pastimes. Golf and yacht club privileges. Always open. American plan.

On the Beach and the Boardwalk

THE LEEDS COMPANY



Anusol Suppositories

You can employ Anusol Suppositories from infancy to old age.

Widely known for the pain and inflammation relief they readily afford, they are nevertheless absolutely free from narcotic and habit-forming ingredients.

Or from anything else injurious.

We guarantee it.

Besides the formula is on every label.

Sample on request.

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Something NEW

in tablet manufacture—a Searle (Purity and Accuracy) product.

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in the treatment of coughs, bronchitis and all affections of the respiratory tract.

Something Convenient

ever ready, no waste, no storage, nothing to spoil, sour or deteriorate.

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—the tablets used in preparing 4 ounces Syrup, if bought in 500 lots, cost approximately 2½ cents.

We will send enough tablets (100) to make 12½ pints of Cough Syrup upon receipt of price, \$1.25. Address

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OSTERMOOR & COMPANY

nade in all standard sizes; special sizes

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CANADIAN AGENCY: ALASKA BEDDING OF MONTREAL, LTD., MONTREAL



The Ideal Corrective in Digestive Disorders. Efficient in Summer Complaint of Children FREE SAMPLES TO THE PROFESSION

NEW LEBANON, N. Y.

only by THE TILDEN COMPANY Pharmacists and Chemists

ST. LOUIS, MO.

POND'S EXTRACT While not offered as a specific, extended experience shown that the following prescription is one of the st effective the physician can employ for the relief of symptoms of hay fever:

Adrenalin Chior. m. XX ...
Pond's Extract dr. 1 to II

Aquae destil. q. s. ad. oz. T

MetSig. Use as a spray every hour or two.

ND'S EXTRACT CO., New York and London

POND'S EXTRACT CO.,

IN DROPSY physicians say:



"--results remarkable, even beyond my expectations. ANEDEMIN is truly a Medicinal Trocar in dropsy from any cause."-From Member Board of Examiners.

"___gave tablets as last resort to man 78 years of age dying with a very weak irregular heart, general oedema, dyspnea, etc., and he made complete recovery."—From Member State Board of Health, Calif.

"—physicians can push ANEDEMIN without fear if the patient can stand the loss of effusion quickly and it is equally as valuable in the cause, as in dropsical effusion."—From prominent Kentucky physician.

"—ANEDEMIN Tablets did everything you claimed for them. Seventeen days after I began using them I was able to leave the hospital where I had been for seven months. I am about ready to resume my practice."— From a California physician.

Name and address of above to the doubtful, samples, formula and literature to physicians on request.

Made in America"

ANEDEMIN CHEMICAL CO., News Bldg.,

Chattanooga, Tenn.

Preparing for the Fourth Liberty Loan.

The United States will this month call upon the men and women of this country to support a great government loan to aid in winning the war. The issue of bonds for the Fourth Liberty Loan will equal or exceed \$6,000,000,000. The tentative

28. It will continue about three weeks.

It has been stated that the nation's war program will necessitate the expenditure of \$24,000,000,000 during the fiscal year ending June 30, 1919. This money will be raised in two ways; by taxation and by the issue of bonds.

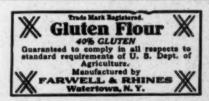
Taxes of all kinds added \$4,000,000,000 to the nation's treas-

Taxes of all kinds added \$4,000,000,000 to the nation's treasurry during the past fiscal year, when total expenses were between twelve and thirteen billion dollars. We cannot contemplate doubling the national budget without increasing the tax income in the same ratio. Plans are now under way to make substantial additions to the amounts derived from war profits and personal incomes. Should these additions swell the tax returns to \$8,000,000,000, there would still be left twice this amount to be raised by the sale of bonds.

Enormous as this sum appears on paper, it still barely

Enormous as this sum appears on paper, it still barely scratches the surface of our national resources, which, as Thomas W. Lamont recently pointed out, were estimated at the beginning of the war at \$250,000,000,000. The total amount derived from the sale of government securities to date is \$9,978,785,800.

Without making any rash promises for the future or at-tempting to paint the chances of the Allies in too rosy colors,



there is a possibility that this may be a "Victory Loan." Nearly 1,800,000 United States soldiers are now in France. More are landing every day. The way the Yanks beat back the Germans during the July drive and their earlier victories at Cantigny and Belleau Wood, together with the successes of the French

and Belleau Wood, together with the successes of the French and British, are sure sign, military experts say, that the fortunes of war have probably swung our way.

The industrial workers of the country will play a more important part than ever before in raising the new loan. They have profited largely through the war. In many cases, increased wages have far outstripped the advanced cost of living so that the so-called "Workingman" is actually in better circumstances now than he was before the world conflict. He will be called upon to meet his obligations to the government in full.

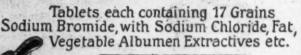
Concerted efforts will be made all over the nation to canvass every profession and industry.

A Palatable Bromide-Preparation

SEDORROL

SEDATIVE ANTI-EPILEPTIC MILD HYPNOTIC

SEDOBROL, "ROCHE"



ADDED TO HOT WATER A MOST PALATABLE BOUILLON IS PRODUCED

Procurable from druggists.
TINS OF 10,30,60,100

500 AND 1000 TABLETS

SEDOBROL affords a convenient means for the administration of bromide to the most discriminating patients.

DOSAGE: IN EPILEPSY INCREASING SLOWLY FROM 1 TABLET TO 4 OR S TABLETS DAILY.

FOR OTHER INDICATIONS 1 OR 2 TABLETS ONCE OR TWICE A DAY.

Trial supply and literature on request from:

THE HOFFMANN-LA ROCHE CHEMICAL WORKS
440 Washington Street, NEW YORK.

The Management of an Infant's Diet

Malnutrition, Marasmus or Atrophy

Mellin's			Fat		.49
	4 level tablespoonfuls		Protein .		2.28
Skimmed Milk		Analysis:	Carbohydrates		6.59
	8 fluidounces /	Amaiyois.	Salts		.58
Water			Water .		90.06
280	8 fluidounces				100.00

The principal carbohydrate in Mellin's Food is maltose, which seems to be particularly well adapted in the feeding of poorly nourished infants. Marked benefit may be expected by beginning with the above formula and gradually increasing the Mellin's Food until a gain in weight is observed. Relatively large amounts of Mellin's Food may be given, as maltose is immediately available nutrition. The limit of assimilation for maltose is much higher than other sugars, and the reason for increasing this energy-giving carbohydrate is the minimum amount of fat in the diet made necessary from the well-known inability of marasmic infants to digest enough fat to satisfy their nutritive needs.

MELLIN'S FOOD COMPANY,

BOSTON, MASS.



STEARNS' BIOMINES

A concentrated Tonic Food containing Malted Milk in its dry form, Calcium and Iron Glycerophosphates and the Vitamines in Eggs and Rice.

Recommended in the treatment of deficient nerve or other nutrition, simple anemia, rachitis, neurasthenia, dentition, wasting diseases and in retarded convalescence.

An exposition of the value of malt and milk as an ideal and easily tolerated food is superfluous. Its ready assimilability and its calorific value will recommend it in numerous cases. Calcium and iron glycerophosphates have enjoyed much popularity in the profession as effective remedies in such conditions as mentioned above.

Vitamines, as you are aware, are little-known substances existing naturally in many foods, and exerting far-reaching effects on the metabolism of the body. According to the evidence of leading scientists, vitamines are absolutely essential to normal development and health. Biomines contains vitamines in combination with malt, milk and glycerophosphates, and affords a palatable, effective and easily assimilable means of administering these ingredients.

FREDERICK STEARNS & COMPANY

Detroit Windsor, Canada New York

San Francisco Sidney, Australia

To Physicians of America.

Surgeon General Gorgas has called for 1,000 graduate nurses a week-8,000 by October 1.

Twenty-five thousand graduate nurses must be in war service by January 1—in the Army Nurse Corps, in the Navy Nurse Corps, in the U. S. Public Health Service, in Red Cross war nursing.

This involves withdrawal of many nurses from civilian practice and necessitates strict economy in the use of all who remain in the communities

You can help get these nurses for our sick and wounded men by-

Bringing this need to the attention of nurses.

Relieving nurses where possible wholly or in part from office duty. Seeing to it that nurses are employed only in cases re-

quiring skilled attendance. Insisting that nurses be released as soon as need for their

professional service is ended.

Seeing that your patients use hospitals instead of monopolizing the entire time of a single nurse.

Encouraging people to employ public health nurses. Instructing women in the care of the sick.

Inducing high school and college graduates to enter the Army School of Nursing or some other recognized train-

ing school for nurses. Encouraging nurses to go to the front involves real personal sacrifice and added work on the part of the physicians whose duty it is to maintain the health of our civilian second line de-

But the men who are fighting for their country in France need the nurses.

DEPARTMENT OF NURSING. American Red Cross Washington, D. C.

Kora-Konia.

It cannot be denied that there exists always to a greater or less extent a necessity for an efficient dusting or dressing powder. It must be admitted also that for such purpose there is a great variety in the choice of agents to be used.

On the other hand, as is true also of drugs for internal ad-

ministration, certain combinations of elements whose action is synergistic may be relied upon to giving most satisfactory re-sults. Kora-Konia is not only a dusting powder, but is such a powder as best meets the indications for such an agent. Its ingredients have been carefully chosen and combined in

such proportions as has been found by experience and test to be most efficient. Kora-Konia is made and designed especially be most efficient. Kora-Konia is made and designed especially for professional use. In the hands of the general practitioner or of the specialist, Kora-Konia may be relied upon to do its work efficiently, satisfactorily, and without any prejudicial action or effect. Probably, a great proportion of physicians know Kora-Konia and use it. To those who do not, a sample of Kora-Konia will be sent gladly on request.

Nujol.

It is to be regretted that so many physicians regard consti-pation and the resulting stasis which accompanies it, as not deserving of careful and intelligent treatment. It is also to be regretted that, in the opinion of some physicians at least, mineral oil is regarded as more or less of a therapeutic fad. It does not require much time or thought to enable anyone to realize that the prolonged sojourn of fermenting and putre-fying material in the intestinal canal must result in the increased liability to absorption of various and irritant toxic

substances

The value of Nujol in overcoming constipation, preventing stasis, and removing the possibility of auto-infection has been thoroughly established. The makers of Nujol have planned thoroughly established. The makers of Nujol have planned and are now putting into execution a great educational campaign which is designed to emphasize three things: first, the importance of constipation as an etiological factor in the production of disease; second, the danger of a common habit of taking medicine merely to force the bowels to act; and third, to emphasize and explain the value of Nujol in overcoming constipation and training the bowels to act naturally. To this end some very interesting and instructive literature has been prepared in the form of a number of booklets which should be in the hands of every physician, whether he be specialist or general practitioner. Any and all of these booklets will be sent to any physician gratis on receipt of name and address. Samples of Nujol will also be sent if desired.

SURGEON'S SOAP

It is slightly antiseptic.

It is especially effective for cleansing the hands, face, and hair.

It is put up in collapsible tubes of pure tin so that it may be easily carried about in a physician's bag.

It is—in other words—



The Soap for Surgeons

Surgeon's Soap is a new product. If your dealer does not carry it, send us his name and address. We will mail you a sample tube free.

Wilford Hall Laboratories, Port Chester, N. Y.

In the treatment of disorders of the digestive tract so prevalent in warm weather, particularly among infants and children, physicians have experienced much satisfaction during the past 37 years with

LISTERINE

Compatible with almost any other medicinal agent likely to be required in this class of cases, there is no more acceptable antiseptic solution than

LISTERINE

Careful laboratory manipulation, combined with discriminating selection of constituents, assure uniform antiseptic strength and pharmacal elegance under the name

LISTERINE

Listerine Literature and copy of pamphlet

"Acute Intestinal Infections of Children"

mailed to any physician on request.

Lambert Pharmacal Company

Twenty-first and Locust Streets,

St. Louis, Mo., U. S. A.



The Doctor's Clock.

With the multitude of calls upon his time and the many important matters on his mind, the physician cannot always be expected to remember an appointment at the moment for which it was arranged. Notes and memoranda are only effective when referred to, and under the stress of work are often forgotten.

It is under just such circumstances as the physician encounters that the latest achievement in clock-making, the "Wizard" proves its value as an effective solution of the "reminder" problem. This new timepiece can be set for any hour of the day or night, and for any minute of the desired hour. Imagine the convenience of being able to take a needed nap in the early evening if it is known that there will be a positive reminder for an appointment at twenty minutes past nine!

early evening it it is known that there will be a positive reminder for an appointment at twenty minutes past nine!

In addition to its absolute precision, this wonderful little clock can be set to ring loudly with an insistent appeal, or to signal softly in a muffled whir. This feature makes it invaluable in the sick room. For administrations or treatments during the long hours of the night, the "Wizard" will keep watch of the minutes and gently notify the tired nurse or dozing attendant, with a gentle purr-r-r, that the period has elapsed, without startling the patient.

attendant, with a gentle purr-r-r, that the period has elapsed, without startling the patient.

A mere turn of the wrist, without even picking up the clock, from its position sets the alarm from the face by means of the big white computing bezel hand.

Readers of THE MEDICAL TIMES are all invited to send for a unique and interesting brochure entitled "The Story of the Clock," giving a complete history of the methods of time-keeping from early Babylonian days to the present era—a post-card will do, addressed to the Yankee Wizard Clock Co., 18 Broadway, New York City.

Dr. George F. Butler.

Dr. George F. Butler (a contributing editor of The Medical Times), is a many-sided man. His ability as a diagnostician began to be known some twenty years ago and in this field, especially, he has of late been conceded a leading place. He has shown remarkable acuity in handling neurasthenic cases; as a consultant in treatment as well as in diagnosis, he is much

sought; in preventive medicine, he has been and is aggressively active; and his conception of the human organism, as, most emphatically, including its psychology, although new in its bearings, is strictly within the range of ethics and has justified itself in practice.

All this is brought to mind just now by the announcement of Dr. Butler's appointment as medical director and physician in charge of the North Shore Health Resort of Winnetka, Ill., on the shore of Lake Michigan. For several years past, he has been at the head of Mudlavia, at Kramer, Ind. His success there was singularly high, quite high enough to command wide recognition. The administration of such a place involves the exercise of qualities not usually combined in a single person. In fact, it calls for a multiple personality; a physician, a man of the world, a scholar, a man of insight, a man whose manner where are must attent and held record and friendship.

In fact, it calls for a multiple personality; a physician, a man of the world, a scholar, a man of insight, a man whose manner, whose aura must attract and hold respect and friendship. The North Shore Health Resort to which Dr. Butler has been called is one of the few really great institutions where success has been built upon sound ethical principles. Its reputation shines with the kindly luster of much good done to many people who had slipped into the shadows of unease and have been led back to their normality. It is a beautiful place, a noble group of buildings standing among old trees, on high ground overlooking Lake Michigan. It is gratifying to know that the medical department of this institution has passed into the charge of so well-tried, so peculiarly fitted a physician and executive. Not alone Dr. Butler, but, the entire medical profession as also those countless many who will come under his care in this new post, may be congratulated.—Clinical Medicine, August, 1918.)

The conservative treatment of tuberculous cervical glands comprises medicinal, dietetic, heliotherapeutic, and roentgenotherapeutic measures and is followed by ideal results. Surgical measures are merely auxiliary aids in selected cases.—Pfender.

There are many more active cases of tuberculosis walking the streets of our cities ignorant of the fact that they have it than there are those who are aware of it.—Slater.

Occasionally functional visual disturbances may be associated with organic changes.

Constipation means more

than mere irregular or scanty bowel movement. It entails stagnation, and as a result of such stasis, increased formation of toxins with consequent absorption and resultant auto-infection.

> Nujol moistens and keeps plastic the fecal mass.

> Nujol encourages muscular action and favors normal peristalsis.

> Nujol protects the intestinal mucous membrane.

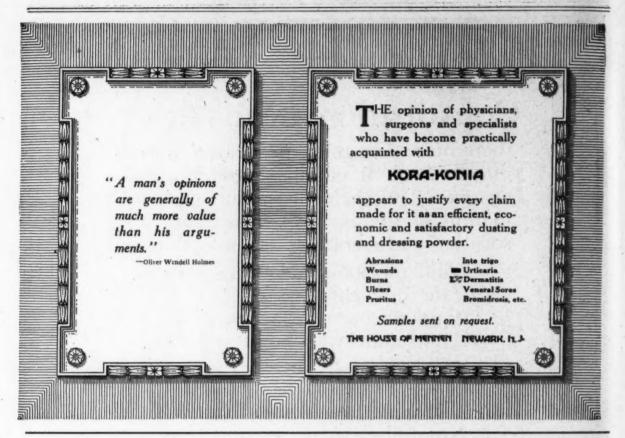
Nujol absorbs toxins and lessens their absorption through injured mucosa into the circulation.

Hence, Nujol is the logical as well as the most efficient agent to overcome stasis, and train the bowels to functionate normally.

Special literature regarding the use of Nujol in Pregnancy, Lactation, Gynecological, Obstetrical, or Post-operative cases, Piles or Pediatrics will be sent on request.

Nujol Laboratories

STANDARD OIL CO. (NEW JERSEY) 50 Broadway, New York



Anasarcin.

The physician who regards Dropsy as merely a symptom, usually loses sight of the important fact that while it may be regarded as a symptom, it is also a condition which can by suitable and appropriate treatment be greatly ameliorated, and in many cases removed.

The presence of abnormal amount of serous fluid in the tissues is brought about by a failure on the part of the circulation and of the heart to prevent what is called circulatory stasis. Effused fluid can be made to be reabsorbed into the circulation and its excess removed through the skin and through the kidneys. An agent that can do this must be more than a diabetic' on the one hand, or a so-called cardiac stimulant on the other.

Certain active principles of Squill exert an action upon the nervous mechanism of the heart, by which the contractions of that organ are strengthened and made more thorough.

Other active principles of Squill together with the oxydendron and sambucus increase urinary secretion and stimulate the excretion of urinary salts; the combinations of these agents in an efficient and convenient form is being used by thousands of practical physicians under the name of Anasarcin Tablets. Anasarcin Tablets are being used with satisfactory results in Cardiac Dropsy, post-scarlatina Dropsy, in Dropsy that accompanies Chronic Nephritis, and also on account of their controlling influence over cardiac rythym in cardiac neuroses, and in exoptomic goitre.

The action of Anasarcin Tablets depends upon the synergistic action of the constituents and the dosage may be so regulated and adjusted as to meet the indications present in any individual case.

Interesting literature regarding Anasarcin Tablets and samples of the latter will be gladly sent to any physician on request.

The Philo Burt Appliance.

In almost every case of infantile paralysis there develops a lateral curvature of the spine; and spinal support then is indicated and should be applied promptly. Plaster of Paris, sole-leather, and steel braces are very uncomfortable, they are heavy and cumbersome, and do not afford any better longi-

tudinal support than does the Philo Burt Appliance. This support can be applied and extension be obtained while the patient is in bed. The general health will not be interfered with in any way and the patient will be perfectly comfortable while wearing it. The important nerves given off from the spinal cord will be protected from pressure because the different vertebrae will be separated and the spine strengthened and straightened. Naturally, the treatment by passive motion, massage and other forms of treatment, as elaborated especially in the orthopedic clinic of Dr. Robert Lovett, will, and must, be administered with the same care and persistence as in other cases.

We are informed that the Philo Burt Mfg. Company, Jamestown, N. Y., has received many commendatory letters from physicians relative the excellent services secured from this appliance which is appropriate for all sorts of paralysis and deformity. It may be of interest to you, doctor, to ask the company for further information.

Ampoule Usage.

The use of the ampoule marks a decided advance in the ease and accuracy with which sterile solutions of potent drugs can be administered.

Among the manufacturing pharmaceutical houses that have done much to develop the ampoule, perfect it and increase the scope of its usefulness is Eli Lilly & Co. of Indianapolis. In fact, many physicians so closely associate the Lilly label with ampoules that they think of Lilly as the Ampoule House, notwithstanding the fact that this concern is among the leading biological as well as pharmaceutical producers in America.

ampoules that they think of Lilly as the Ampoule House, notwithstanding the fact that this concern is among the leading
biological as well as pharmaceutical producers in America.

A beautiful new line of Aseptic Metal Pocket Cases has
been added to the Lilly list and a handsome catalog in four
colors, showing these items, will be sent to our readers upon
requests addressed to Eli Lilly & Co. at Indianapolis. These
cases in gold and nickel offer a compact means of carrying
ampoules or hypodermatic tablets together with a syringe. The
cases occupy but little space and are already becoming quite
popular, it is said. This is not surprising since they serve a
highly useful purpose.

Development of cataracts is frequently observed in patients suffering from chronic nephritis.



These are the Destinctive Features of

"Kava Santal Riedel"

Quick relief from pain and strangury.

Marked reduction of purulent secretions.

Freedom from irritating effects upon stomach and kidneys.

The limitation of the inflammatory process to the anterior urethra and the consequent rare infection of the posterior

portion.

Try this efficient balsam in your next acute or chronic case; for samples or literature apply to

RIEDEL & CO., Inc.

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Probilin BILIARY Pills AND PILLS

Will every gall stone patient for whom an operation is advised, submit to it?

Practical experience says "no."

Conscientious, competently conducted Probilin Pills treatment should be the next choice.

An unique fifteen year record justifies it.

Clinical literature on request. Composition given.

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French Lick Springs Hotel



An Ideal Place for Patients to Convalesce

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CORRECT IN ALL ITS APPOINTMENTS

Special Attention to Diseases of the Stomach, Kidneys and Bladder

Accommodation for 600 People

Horseback Riding, Driving, Golf, Dancing, Mineral Bathing

Table supplied by its own Farm and Dairy

Send us your overworked patients who need a change

FRENCH LICK is easily reached from New York, Chicago, St. Louis, Louisville, Indianapolis and Cincinnati.

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Prescribe It!

THOS. TAGGART, Pres.



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The Ideal Corrective in Digestive Disorders. Efficient in Summer Complaint of Children FREE SAMPLES TO THE PROFESSION

only by

TILDEN COMPANY Pharmacists and Chemists

ST. LOUIS, MO.

Pond's Extract

Physicians who suffer from sore, chapped hands, due to frequent washing and the use of powerful antiseptics, will find that Pond's Extract, full strength, or diluted with glycerine, equal parts, is a most grateful lotton. It is mildly astringer and not only promotes rapid healing, but gives very prompt and satisfactory relief from the annoying pain and soreness.

POND'S EXTRACT CO., New York and London





NEW LEBANON, N. Y.

"---results remarkable, even beyond my expectations. ANEDEMIN is truly a Medicinal Trocar in dropsy from any cause."-From Member Board of Examiners.

"—gave tablets as last resort to man 78 years of age dying with a very weak irregular heart, general oedema, dyspaea, etc., and he made complete recovery."—From Member State Board of Health, Calif.
"—physicians can push ANEDEMIN without fear if the patient can stand the loss of effusion quickly and it is equally as valuable in the cause, as in dropsical effusion."—From prominent Kentucky physician.

"—ANEDEMIN Tablets did everything you claimed for them. Seventeen days after I began using them I was able to leave the hospital where I had been for seven months. I am about ready to resume my practice."— From a California physician.

Name and address of above to the doubtful, samples, formula and literature to physicians on request.

ANEDEMIN CHEMICAL CO., News Bldg.,

Chattanooga, Tenn.

An Exceptional Local Anesthetic.

When, a little more than a year ago, announcement was made that the scientific staff of Parke, Davis & Co. had achieved the that the scientific staff of Parke, Davis & Co. had achieved the distinction of producing a local anesthetic possessing all of the advantages of similar products then in use, minus the disadvantages peculiar to many of them, the intelligence was received by thousands of American surgeons and physicians with manifest satisfaction. The advent of the new product was propitious. The time was ripe for a truly efficient American-made local anesthetic. And Apothesine appears to justify every promise that preceded it. There is abundant evidence that the product can be advantageously used in any case in

every promise that preceded it. There is abundant evidence that the product can be advantageously used in any case in which a local anesthetic is indicated.

Proof of the efficacy of Apothesine comes from all over the United States. Two examples may be cited: A Minnesota surgeon says that he has used Apothesine at least eight hundred times and has yet to find a case that shows any toxic symptoms or incomplete anesthesia; he reports seven thyroidestomies, excision of elbow, amputation of arms, legs, fingers, carcinomas, sarcomas, cysts, and all manner of minor work. A New Orleans surgeon reports 250 operations of various kinds. New Orleans surgeon reports 250 operations of various kinds, ranging all the way from amputation of the finger to amputation of the breast, without a single failure and with no untoward result.

Comparative tests prove that Apothesine is as efficient as any synthetic local anesthetic and more potent than most of them. Its toxicity is low, being far less than that of cocaine and no



greater than that of the least toxic of other synthetic anesthetics.

Apothesine is supplied in hypodermic tablet form, as follows: H. T. No. 216, each tablet containing 1½ grains of Apothesine; H. T. No. 217, each tablet containing 3/5 grain of Apothesine and 1/1600 grain of Adrenalin; H. T. No. 218 (dental), each tablet containing ½ grain of Apothesine and 1/2500 grain of Adrenalin. Adrenalin.

Suppurative tuberculous cervical adenitis is best treated by simple incision or evacuation by aspiration preceded and followed by roentgenization.-Pfender.

Suppurative glands with discharging sinuses give the highest percentage of cures when treated by surgical drainage combined with roentgenotherapy. Repeated operated sinuses with failure to cure yield promptly to roentgenization.—Pfender.

A Palatable Bromide-Preparation

SEDOBROL

SEDATIVE
ANTI-EPILEPTIC
MILD HYPNOTIC

SEDOBROL "ROCHE"

Sodium Bromide, with Sodium Chloride, Fat,
Vegetable Albumen Extractives etc.

ADDED TO HOT WATER
A MOST PALATABLE
BOUILLON IS PRODUCED

SEDOBROL affords a convenient means

Procurable from druggists.
TINS OF 10,30,60,100

500 AND 1000 TABLETS

for the administration of bromide to the most discriminating patients.

OSAGE: IN EPILEPSY INCREASING SLOWLY FROM 1 TABLET TO

DOSAGE: IN EPILEPSY INCREASING SLOWLY FROM 1 TABLET TO 4 OR 5 TABLETS DAILY.

FOR OTHER INDICATIONS 1 OR 2 TABLETS ONCE OR TWICE A DAY.

Trial supply and literature on request from:

THE HOFFMANN-LA ROCHE CHEMICAL WORKS
440 Washington Street, NEW YORK.

The Management of an Infant's Diet

In extreme emaciation, which is a characteristic symptom of conditions commonly known as

Malnutrition, Marasmus or Atrophy

it is difficult to give fat in sufficient amounts to satisfy the nutritive needs; therefore, it is necessary to meet this emergency by substituting some other energy-giving food element. Carbohydrates in the form of maltose and dextrins in the proportion that is found in

MELLIN'S FOOD

are especially adapted to the requirements, for such carbohydrates are readily assimilated and at once furnish heat and energy so greatly needed by these poorly nourished infants.

The method of preparing the diet and suggestions for meeting individual conditions sent to physicians upon request.

MELLIN'S FOOD COMPANY,

BOSTON, MASS.



STEARNS' OMINES

A concentrated Tonic Food containing Malted Milk in its dry form, Calcium and Iron Glycerophosphales and the Vitamines in Eggs and Rice.

Recommended in the treatment of deficient nerve or other nutrition, simple anemia, rachitis, neurasthenia, dentition, wasting diseases and in retarded convalescence.

An exposition of the value of malt and milk as an ideal and easily tolerated food is superfluous. Its ready assimilability and its calorific value will recommend it in numerous cases. Calcium and iron glycero-phosphates have enjoyed much popularity in the profession as effective remedies in such conditions as mentioned above.

Vitamines, as you are aware, are little-known substances existing naturally in many foods, and exerting far-reaching effects on the metabolism of the body. According to the evidence of leading scientists, vitamines are absolutely essential to normal development and health. Biomines contains vitamines in combination with malt, milk and glycerophosphates, and affords a palatable, effective and easily assimilable means of administering these ingredients.

FREDERICK STEARNS & COMPANY

Detroit

New York

San Francisco Sidney, Australia

Windsor, Canada

National Exposition of Chemical Industries.

America had another answer to fling back at Germany during the week of September 23rd. This time the answer came from the chemists of the United States and was delivered in the form of the Fourth National Exposition of Chemical Industries at Grand Central Palace in New York, which literally interpreted, declared that America has within the short period of several years freed itself from the predominance of German chemistry. The imperative war time needs of this country for chemicals that previous to 1914 we were solely dependent upon Germany for providing, have been met as a result of the activities of our own chemists and scientists. This the recent exposition at New York very strikingly demonstrated. The New York display was truly a war time exposition of America's chemical and chemical manufacturing achievements in furthering the

display was truly a war time exposition of America's chemical and chemical manufacturing achievements in furthering the Government's war making activities.

Practically every branch of chemistry and allied lines was represented, the exhibits covering, among others, dyestuff manufacture, the by-products of coal and coke and iron and cement, pharmaceutical chemistry and apparatus, biological chemistry and medicinals resulting from the blockade of German ports plete plant for intricate processes; copper and other metals, aniline products, enamels, synthetic dyes and colors, corks, asphalt, lenses, foundry products, engineering apparatus, porcelains, etc. celains, etc.

The exposition afforded a most striking demonstration to the advanced position of the American chemical industry in answering the dye and drug situation. Scarcely two years have elapsed since many lines of our industrial life were threatened elapsed since many lines of our industrial life were threatened with utter demoralization because of the shortage of dyestuffs and medicines resulting from the blockade of German ports by the British navy. Textile mills faced imminent possibilities of shutting down because of the inability to secure dyestuffs for the fabrics. Tanners, lithographers, and wall paper men sought in vain for needed coloring matter, and pharmacists' stock of many much-needed medicinals became depleted. On account of these shortages and the accompanying speculation in the remaining stocks prices soared to undersumed of heights. the remaining stocks, prices soared to undreamed of heights.

The exposition showed that within this short period of two years, a miracle has been wrought. All lines of industrial life which formerly depended upon imports are now operating under normal conditions, and in addition we are now shipping

large quantities of these former imported products to foreign

countries.

America's development of its ceramic industries during the past few years to the position where the United States is now absolutely independent of Germany and Austria for supplies of its firebrick, pottery, glass, etc., was clearly shown.

While no high explosives or poison gas was exhibited, owing to their dangerous nature, the processes by which they are obtained and manufactured was illustrated by machinery exhibits large and small and by motion pictures. Gas masks and their operation, bombs, high explosive shells, etc., loomed importantly in the layman's mind, but equally important were the wonderful new industrial chemical and electrochemical processes and inventions operated on a most gigantic scale since esses and inventions operated on a most gigantic scale since the United States went to war-operated on a scale never even conceived in peace times.

Hepatic Congestion—Congestion of the liver due to over eating can be quickly corrected by regulating the diet and giving Chionia, a teaspoonful every 4 hours. The indigestion, headache and other symptoms promptly disappear.

Bowel Inertia—It is the tendency of Prunoids—not only to produce one or more movements following each dose, but to produce one or more movements following each dose, but to promote physiologic regularity of the bowels—that makes this remedy so much superior to "salts," or the laxative measures commonly employed. In simple words, the use of Prunoids means the rational treatment of bowel inertia—the activation of physiologic functions.

tion of physiologic functions.

Insomnia—From the standpoint of safety and efficiency of action there is no hypnotic or soporific more serviceable than Peacock's Bromides. Two or four teaspoonfuls given an hour or so before retiring usually produces a natural, restful sleep of six to eight hours duration from which the patient awakens refreshed and invigorated.

Atonic Indigestion—A large proportion of all cases of indigestion are due to atonic conditions. This is why Seng, a remedy that has the power of markedly stimulating the functional activity of the digestive glands, is so effective in digestive disorders generally. One to two teaspoonfuls, shortly after meals, increases glandular activity, and by thus helping the stomach to do its own work, assures relief from fermentation and distress. and distress.

SURGEON'S SOAP

It is slightly antiseptic.

It is especially effective for cleansing the hands, face, and hair.

It is put up in collapsible tubes of pure tin so that it may be easily carried about in a physician's bag.

It is—in other words—



The Soap for Surgeons

Surgeon's Soap is a new product. If your dealer does not carry it, send us his name and address. We will mail you a sample tube free.

Wilford Hall Laboratories, Port Chester, N. Y.

Respiratory Diseases

LISTERINE has an effective field of usefulness in the treatment of respiratory diseases.

LISTERINE forms a very acceptable vehicle for especially indicated alterative, resolvent or astringent medicaments applied by the spray apparatus or douche.

LISTERINE in addition to being in itself a dependable antiseptic solution for general employment, is especially adapted for use in the throat and nasal cavities, by reason of being unirritating and non-poisonous.

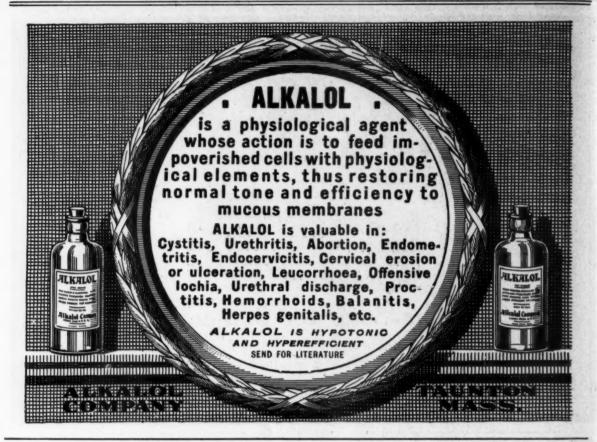
LISTERINE has for many years been successfully and extensively prescribed in the treatment of

Acute and Chronic Rhinitis, Laryngitis, Pharyngitis, Tonsillitis,
Bronchitis, Influenza, Pertussis

Sample Pamphlet to Physicians on request

Lambert Pharmacal Company

ST. LOUIS, MO., U. S. A.



Not Due to Birth Control.

The discontinuance of the famous "triplet" samples of Baume Analgesique Bengue as announced by Thos. Leeming & Co. is not to be taken as part of the birth control movement. On the contrary it is simply the outcome of the War Board's urgent request that all possible economy be exercised in the use of important drugs and chemicals. In response to this request, the customary mailing of the "triplet" samples of Baume Analgesique Bengue will be suspended until the close of the war. It will be welcome news, however, to the many physicians who have long depended on the "Baume" as their favorite local anodyne and analgesic, to learn that their prescriptions will continue to be filled by the drug trade, as there is an adequate supply to meet all professional requirements.

Bronchial Inflammation.

It is a clinical fact that the administration of oil, particularly cod liver oil, excels a very beneficial influence upon an inflamed bronchial mucosa. It is also established that the administration of small doses of creosote, which is eliminated largely through the mucous membrane of the respiratory tract, favorably influence irritation and inflammation.

Cod liver oil will not be taken by many patients. In the form of Morrhuol, as supplied by Chapoteaut in capsules, it is unobjectionable and at the same time effective.

Morrhuol is also supplied in combination of creosote in cap-sule form, and will be taken without objection by patients who

absolutely refuse to swallow ordinary creosote.

Samples and literature regarding these products will be sent promptly on request to E. Fougera & Co., Inc., 90-92 Beekman street, New York.

Chronic Constipation-In the treatment of chronic con-Chronic Constipation—In the treatment of chronic constipation, we are learning that we can expect satisfactory results only in so far as we are able to influence and assist the physiologic processes of the bowels. Prunoids owe their gratifying efficiency to their capacity for promoting the natural functions of the intestinal canal. Thorough evacuation follows as a physiologic result, without griping, distress, or the reactionary constipation which is so common after the use of ordinary laxatives and cathartics.

Persistent Cough.

Physicians are called upon during this season to prescribe a remedy to relieve the persistent cough of Bronchitis.

The following prescription is being used with success in treating affections of the respiratory organs:

Codeine

Inisce et Siglia de Casponius in inisce et Siglia de Casponius in inisce et Siglia de Casponius in inisce et Siglia de Casponius inisce et Siglia de Casponius inisce et Siglia de Casponius et Siglia de Casp

tress and allays inflammation of the air passages.

Eimer and Amend, 205 Third Avenue, New York, will gladly send any physician a sample of Iodotone for trial.

Apothesine or Cocaine?

There are many indications that apothesine is gradually superseding cocaine as a local anesthetic. This is not said in depreciation of the last mentioned drug, the merits of which are well understood. It must be remembered, however, that cocaine possesses some grave defects. Prominent among these is its toxicity. Furthermore, unrestricted use of the product leads ultimately to the formation of the cocaine "habit." Apothesine, while as efficient as cocaine, has been shown by comparativ tests to be far less toxic than the latter. Moreover, it is not subject to the narcotic law, and its use does not eventuate in "habit" formation. Apothesine produces such complete anesthesia that even major operations are performed under its influence (quite as successfully as under cocaine), a fact that further emphasizes the importance of its discovery.

Migraine—The bromides, especially when used in the form of Peacock's Bromides, have a very important indication in the treatment of these periodic headaches commonly spoken of as migraine, "sick headache," hemicrania, etc. A teaspoonful every two or three hours not infrequently affords relief in a few hours, and prevents sick headaches from running their usual course of two or three days.



Efficient Treatment

of constipation requires, in the majority of cases, mechanical rather than medicinal means.

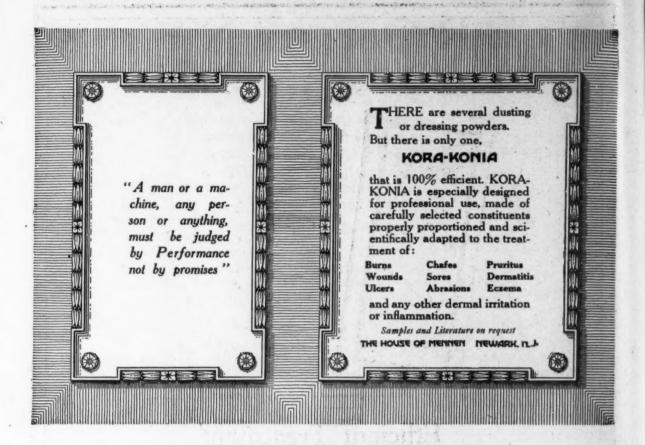
Nujol succeeds, because it overcomes deficient moisture, impaired peristalsis, intestinal inertia and trains the bowels to regular and thorough evacuation.

How constipation is induced, why its sequellae are of serious importance and the modus operandi of the Nujol Treatment are described in the booklet

"IN GENERAL PRACTICE."
Send for it.

Samples of Nujol to physicians on request.

Nujol Laboratories STANDARD OIL CO. (NEW JERSEY) 50 Broadway, New York



Dried Vegetables.

The usefulness of desiccation of vegetables for food in expeditions, etc., has for its excuse the greater ease of transportation and conservation, and M. H. Givens, New Haven, Conn., discusses the subject from the physiologic point of view. In considering the value of food today, its inorganic constituents should receive consideration as well as its protein, fat carbohydrate and vitamin content. A brief review of the literature on this special point is presented. The student of dietetics recognitions are supported to the student of dietetics recognitions. nizes that were it not for the use of milk, eggs and a few green vegetables our food intake would be very deficient in available lime. The author's study of the subject was planned to supplement our somewhat deficient knowledge regarding the com-position of desiccated vegetables. The method of drying and the analytic procedures are described. A table is given of the percentage composition of vegetables, as purchased and airdried, arranged according to decreasing nitrogen content, which is at best, Given says, only a rough index of the protein contained. The variation in nitrogen, according to the plant or parts of the plant, is striking.

The starch plants, as potatoes and carrots, have a low protein content; while others, like spinach, lettuce and cabbage, contain a relatively high content in the dried state. There is also a a relatively high content in the dried state. There is also a noticeable difference in the amount of nitrogen in the different parts of the same plant, the tops, roots, etc. In the case of some vegetables, the nitrogen content of the dried product is in striking contrast with that of the original material, owing to the large loss of water, and the author calls attention to the possible loss of inorganic elements in cooking methods. The physiologic importance of calcium in feeding growing organisms is universally recognized. The calcium statistics, reported by Givens, are in accord with the comparable figures for such of these materials as Sherman and Forbes have analyzed. The high calcium content of the green vegetables is strikingly in contrast with that of the tubers and roots. There may be a loss of inorganic constituents, particularly calcium, in the cooking of foods and in the preparation of some of them for drying. —(J. A. M. A.).

Antipneumococcic Serum.

N. E. Wayson and G. W. McCoy, Washington, D. C., say that antipneumococcic serum, as developed by Neufeld, has not been accepted as an entirely satisfactory therapeutic agent. Cole and his co-workers, however, have renewed the interest in the serum by the differentiation of types of pneumococci, and the use of the specific univalent serum. Clinical evidence has accumulated tending to encourage the use of Cole's Type I serum in cases in which the corresponding infecting organism has been determined. "The official control of this conduct by production tests has thus far been officing organism has been determined. "The official control of this product by protection tests has thus far been confined to serum produced by the immunization of horses against Type I pneumococci. Polyvalent serums are required to show the same protective action against Type I organisms as is the specific serum. The evidences of the manufacturers' protection tests are accepted for the potency of serums made to immunicate acceptance of the potency of serums made by immunizing animals against pneumococci of Types II and III."

As it seemed desirable to have all serums claimed to be effective offered for sale officially examined in the government effective offered for sale officially examined in the government Hygienic Laboratory, an order of such testing was given by the Secretary of the Treasury and was carried out by the authors on 104 lots of serums made by various laboratories, representing both commercial and noncommercial manufacturers, the details of which are given. These indicate that there is little preference between serum produced by institutions for interstate sale, and that made by noncommercial manufacturers. There is no inherent difficulty in producing the serum on a commercial basis, and while the summary of results shows that the method of testing adopted by the Hygienic Laboratory resulted in a greater number of failures in serums to pass satisfactorily, the irregularities are inherent in the test, and not due to slight modifications. While the mouse test seems irregular in its results, it is believed that it affords, in its present state, a valuable measure of potency of antipneumococcic serum, when properly controlled, and that that available in the market is as potent as that from other sources.—(J. A. M. A.) sources .- (J. A. M. A.)

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Wassermann Reaction.

A supplementary report to a previous article, covering a study of more than 400 postmortem Wassermann tests, is published by Stuart Graves, Louisville, Ky. The original analysis of 290 tests was made under his directions and was reported in the Journal of Immunology, 1916, and the present study of 400 also includes about double the number controlled by antemortem Wassermann tests. A number of tables are given in mortem Wassermann tests. A number of tables are given in the paper, and the author considers it as proved that a postmortem Wassermann reaction is of decided value, and may have much medicolegal importance. He thinks it has been strange that the question has been so disregarded, at being barely mentioned in text books, and has had only one other paper published in the English language in regard to it. His conclusions are substantially as follows: Postmortem reactions confirmed antemperature are in 97 executed for interview to the confirmed antemperature and in 97 executed for interview to the confirmed antemperature are in 97 executed for interview that the confirmed antemperature are in 97 executed for interview that the property is the confirmed antemperature are in 97 executed for interview that the property is the confirmed antemperature are in 97 executed for interview that the property is the property of the paper in the confirmed antemortem ones in 97 per cent of sixty-eight conconfirmed antemortem ones in 97 per cent of sixty-eight controlled cases, and a ++++ positive reaction sixty hours. Postmortemwas confirmed by a ++++ antemortem with anatomic and clinical evidence of syphilis. The negative Wassermann, taken twenty-two hours postmortem, was confirmed by an antemortem one in 91.2 per cent of cases showing anatomic lesions and positive history. The serums, postmortem, gave positive Wassermann tests. The fact that only 2.5 per cent of the serums were anticomplementary or otherwise unfit for use compares favorably with 1.14 per cent similarly unfit in 6,000 antemortem specimens. Only 2.6 per cent of 378 cases, showing anatomic evidence of syphilis, gave negative Wassermann reactions, which conformed to the anatomic evidence in showing anatomic evidence of syphilis, gave negative Wassermann reactions, which conformed to the anatomic evidence in 304 of the 378 cases, or 80.4 per cent. This is lower than it would be if satisfactory histories and physical examinations were recorded. There is no logical reason, Graves thinks, for supposing that acute infections or malignant growths give positive Wassermann reactions. The positive reaction appears in 2.7 times as many negroes as whites, in 1.7 times as many males as females, and in only 11 white females or 6.5 per cent. Finally the Wassermann reaction made on postmortem blood, according to the methods followed in the article, is practically as reliable a test as when made antemortem.—(I. A. M. A.)

Preservation of Complement.

Further studies on the preservation of complement are reported by B. W. Rhamy, Fort Wayne, Ind. Three agents were found by him in a systematic search of the chemicals at hand which had no hemolytic properties and did not destroy complement. These were: (1) Sodium acetate, C. P. (in any strength); (2) camphor crystals, and (3) 0.5 per cent phenol (carbolic acid). Of these, sodium acetate was his ideal, and has the following properties: "(a) It has no hemolytic action. (b) It is not anticomplementary. (c) The solution can be sterilized. (d) Dissolved in physiologic sodium chlorid solution, it has the same hydrogen ion concentration as blood Pr. 7.4. (e) It preserves and stabilizes complement from two to three months in the ice box, or two weeks at room temperature. (f) It can be used in any strength from 5 to 50 per to three months in the ice box, or two weeks at room tempera-ture. (f) It can be used in any strength from 5 to 50 per cent or in crystal form. (g) Its preservative properties are not antibacterial, and therefore must be physico-chemical. (h) Added to whole blood in certain strengths, it prevents coagulation. (i) It will preserve human complement." From 10 to 12 per cent stock solutions of sodium acetate are best. Fie has found it to retain its complementary activity for as long as three months in the refrigerator, and for two weeks at room temperature in a sunlit window in August. Germ

at room temperature in a sunlit window in August. Germ growth from contamination does not affect this activity, according to his experience, and it would seem that its action must be, in some way, physicochemical phenomenon, and he suggests that complement is an enzyme with definite chemical composition. Sodium acetate, he has found, prevents coagulation, and it is possible that it would be of more value in blood transfersor than sodium citrate which does destroy complete. transfusion than sodium citrate, which does destroy complement. "It would, therefore, be of value to determine its toxicity, the minimum amount necessary to prevent coagulation, and whether or not the presence of complement makes blood more suitable for transfusion."—(J. A. M. A.)

Paralysis of the internal or the external ocular muscles is frequently found in chronic kidney diseases.



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The Chemiotherapeutic Treatment of Gonorrhea.

J. E. R. McDonagh, in previous articles described the action and use of colloidal manganese in gonnorrhea, and shows that this drug was most efficacious in the acute stage. As every day lost before commencing treatment is important, and as there is some delay after injecting manganese before its maximum oxidizing power is reached, it occurred to him to precede manganese by a metal, which would act instantaneously by dissociating certain hydrogen and hydroxyl groups in the serum. For this purpose he used a colloidal preparation of palladium, which is now known as "pallamine." Palladium has the action of liberating the hydroxyl group (OH) from H.OH and temporarily fixing the hydrogen group (H). The moment the discharge appears 0.5 c.cm. pallamine should be injected intramuscularly, and the same dose repeated two or three days later. In some cases a third injection may be given, but no more than three, because the disease is sure to be aggravated. This aggravation is probably due to the liberation of the temporarily absorbed hydrogen, which increases the "acidity" of the serum or depresses the important hydroxyl (OH) ion concentration. Irrigations are carried on in the usual way, but the moment the discharge ceases to be purulent, zinc permanganate or zinc sulphate 1 in 10,000 should take the place of potassium permanganate.

patase of potassium permanganate.

Patients get well quicker on a milk than on an ordinary diet, and at present he is prescribing potassium nitrate or methylene blue internally, on the theory that the liberated hydrogen can be used by reducing the former to a nitrite and the latter to its leuco-base, two products less innocuous than hydrogen. When potassium nitrate is being taken sodium chloride should

When potassium nitrate is being taken sodium chloride should be eliminated from the diet as far as possible.

As to whether these two drugs really aid the cure the author is not able to say. If the case is not well by the sixth day, 0.5 c.m. colloidal manganese should be injected intramuscularly, and repeated every second or third day until no sign of the disease is left. As a rule one to three injections are necessary. It is unwise to exceed the dose of pallamine above given, except in cases of recurrent purulent urethritis when other methods employed to stop the discharge have proved unavail-

ing. In such a case 1 c.cm. can be injected with benefit. The injection of manganese at the same time as pallamine has not given good results, but injecting them alternately has proved efficacious, though it is not so good as injecting pallamine first and colloidal manganese afterwards. After the first injection of pallamine the discharge becomes thinner, although it may not diminish very much in quantity. After the second injection the discharge ceases or becomes muco-purulent. The cases which respond least to the treatment are those in which the discharge is very thick, profuse, and of a dark yellow, greenish, or brownish color.

So far McDonagh has treated fifty cases of acute gonorrhea

So far McDonagh has treated fifty cases of acute gonorrhea (first attacks), with an average rate of stay under treatment of 8.5 days. One case relapsed, one case developed epididymitis, and two cases developed prostatitis. He has every reason to hope that when this treatment is perfected we shall be able to get rid of acute gonnorrhea cases in one week.—(Brit. Med. Jour., July 13, 1918.)

Netter rejects the suggestion that the condition is due to the same infection as produces poliomyelitis, mainly on the ground that in lethargic encephalitis the inflammatory lesions are interstitial and the cells are not involved. He also rejects the suggestion that it is due to food poisoning, and comes to the conclusion that it is a specific disease due to an infective agent not yet identified. As to treatment, he used hexamine, which is believed to have an antiseptic effect on the central nervous system, as shortly after its ingestion formic aldehyde can be found in the cerebro-spinal fluid. He also advises intraspinal injections of serum from subjects who have recovered from the disease, a method which he found useful in poliomyelitis.—(Brit. Med. Jour., June 15, 1918.)

Gall-stones—While it is generally conceded that there is no medical treatment for cholelithiasis, it is a fact that a teaspoonful of Chionia three times a day, through its cholagogue effect and decongestive action on the biliary passages, will go far to prevent the conditions which are so largely responsible for attacks of gall-stone colic.

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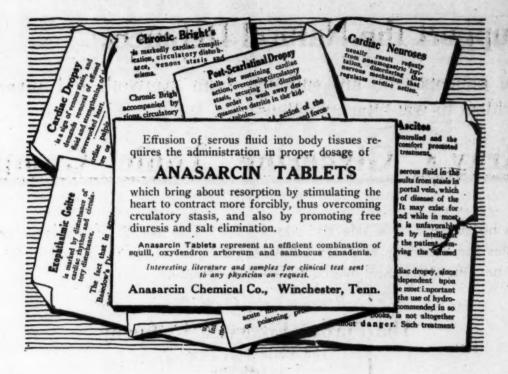
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In view of the prevalence of what has been termed Spanish Influenza, especially in the Eastern section of this country, a great deal of attention is being devoted to the prevention of nasal infections generally. Among the various prophylactic measures suggested, such as prompt isolation of cases, avoidance of crowds, proper ventilation and other hygienic regulations, none are deserving of such painstaking attention as routine cleansing of the mucous membranes of the nose, mouth and throat, in order to prevent the lodgement and growth of the infecting organism, whether it be the influenza bacillus or streptococcus, or both.

For this purpose peroxide of hydrogen is particularly adapted because of its well established antiseptic and cleansing action upon the mucous membrane, and withal its great safety. It is very important, however, to select a peroxide which is unirritating, because any irritation of the nasal tissues that may result from its use will tend to invite rather than prevent bacterial invasion. A peroxide of hydrogen that is particularly noted for its bland and soothing character, as well as its antiseptic potency.

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Repeated emphasis is necessary to persuade the practitioner not to wait for cough, fever, sweats, loss of weight and other evidences of an advanced process before suspecting tuber-culosis.

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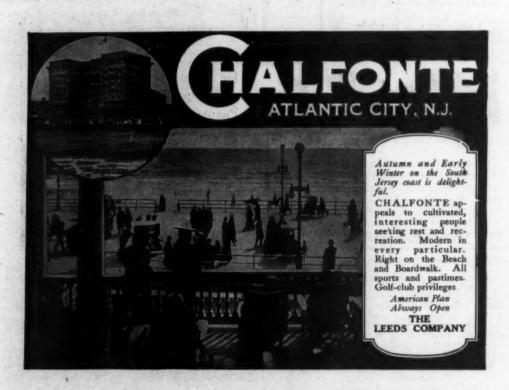
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Acute Infections.

Baldwin Lucke, Philadelphia, reports the portmortem find-ings in 62 necropsies of soldiers at Camp Zachary Taylor during the past winter. These observations confirm and amplify during the past winter. These observations confirm and amplify those made by Alexander and Fox and Hamburger, that the infections at his camp underwent a changing history from pneumococcal, to measles, to streptococcal. In the fall of 1917 the etiologic organism was the pneumococcus with its customary results. Measles appeared late in October, causing the first death, November 7, from what was considered a typical measles pneumonia with a catarrhal or purulent bronchitis. With the advent of the streptococcus infection, causing the first death, December 13, the pathologic picture changed. The bronchitis became hemorrhagic, the pneumonia patchy and hemorrhagic, while the causative organism began to show a predilection for serous surfaces. Fifty-two of the sixty-two deaths were due to the acute infections. The ten deaths not thus caused were mainly surgical affections or accidents and are not considered in this paper. Broncho-pneumonia was the lesion most frequently found and it was considered the cause of death in twenty-seven cases. It was preceded by measles in sixteen instances. Streptococcus hemolyticus was isolated in thirteen cases. in thirteen cases.

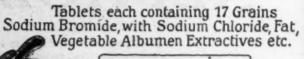
Four anatomic types of bronchopneumonia were observed and are described. The principal features of Types Ia and Ib were the marked edema, the discrete character of the consolidations, their distinct peribronchial situation and their occurrence in all lobes. In Type II the pleura usually was

inflamed, empyema was common, and the lung was slightly or not at all enlarged. The areas of consolidation were not visibly not at all enlarged. The areas of consolidation were not visibly peribronchial. It resembled the ordinary bronchopneumonia except in the frequency of empyema and the hemorrhagic character of the bronchitis. Type III is described as a confluent bronchopneumonia or pseudolobar lobular pneumonia. Nine of the sixteen cases of measles-bronchopneumonia were of types Ia or Ib. The spleen lesions are specially described and correspond to what is usually termed "acute follicular splenitis." In five of the sixteen cases there were complications that may have influenced the character of the lung lesions. lesions.

In the majority of cases of streptococcic pneumonia Type II was shown. The lobar pneumonia cases resemble those usually met with. The special features of the empyema including serofibrinous pleurisy are described. It was present in twenty-one of the fifty-two cases. The other infections, pericarditis, meningitis and encephalitis, are also described. Since the paper was written Lucke remarks these streptococcus infections seem to have taken a new and highly winters from Form Form recent was written Lucke remarks these streptococcus infections seem to have taken a new and highly virulent form. Four recent postmortems all showed the following anatomic picture: Icterus, acute purulent pleuritis, pericarditis, and peritonitis, acute splenic tumor, and multiple subserous hemorrhages. Pure cultures of hemolytic streptococcus were obtained from the heart's blood and the exudates in the pleurae, pericardial and peritoneal cavities. These seem to point to an increase in the invasive power of the streptococci, probably due to passage through a number of hosts.—(J.A.M.A.) A Palatable Bromide-Preparation

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The principal carbohydrate in Mellin's Food is maltose, which seems to be particularly well adapted in the feeding of poorly nourished infants. Marked benefit may be expected by beginning with the above formula and gradually increasing the Mellin's Food until a gain in weight is observed. Relatively large amounts of Mellin's Food may be given, as maltose is immediately available nutrition. The limit of assimilation for maltose is much higher than other sugars, and the reason for increasing this energy-giving carbohydrate is the minimum amount of fat in the diet made necessary from the well-known inability of marasmic infants to digest enough fat to satisfy their nutritive needs.

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Safety First in Epidemics

The Ethical and Time-Tried Product

ALPHOZONE

Disuccinyl Peroxide—(COOH CH₂CH₂CO)₂O₂
3000 times more powerful than Hydrogen
Peroxide — Non - toxic — Non - irritant

Will prove an effective and safe Prophylactic now and in the damp, cold winter months to come.

The United States and National Standard Dispensatories describe the properties of Alphozone.

Prescribe through your druggist or write for further information and experimental quantities to

Frederick Stearns & Co.,

Detroit, Mich.

"In Business More Than 60 Years"

Hemorrhagic Spirochetal Bronchitis.

Violle has reported (Bull. de'l Acad. de Méd., T. lxxix, p. 429), that during the first three months of this year he saw in a naval hospital near Toulon thirty cases of bronchitis due to infection by a spirochete. The disease was first observed by Castellani in Ceylon in 1906. Waters described numerous cases in India (1909), and cases have also been observed by Branch in the West Indies and by Jackson in the Philippine Islands. Castellani described it as occurring in two forms—acute and chronic; the latter was sometimes the sequel of the former, but apparently in the majority of cases the onset is insidious. He describes the expectoration in the acute cases as scanty and mucous in character, and in the chronic cases as muco-purulent, but not abundant. The most striking characteristic, however, is that frequently for several days together the expectoration contains blood intimately mixed with the mucopus. In some cases there is genuine hemoptysis, one or two teaspoonfuls of blood, or even more, being expectorated, and hectic fever may be present. Physical examination reveals very little beyond a few dry or coarse râles. The possibility of error in diagnosis is obvious, and it is not surprising to hear that some of the cases were admitted into the naval hospital with a diagnosis of suspected thereulosis.

some of the cases were admitted into the naval nospital with a diagnosis of suspected tuberculosis.

Violle states that in his cases the expectoration contained innumerable spirochetes varying in form and dimensions, some long and fine, others short and thick; sometimes with well-marked close spirals, sometimes with only delicate undulations; Castellani considers it probable that several varieties of spirochetes are concerned. Very often no other organisms were seen, although in other instances various microbes were noted. Further, Violle agrees with Castellani in stating that the bronchial affection may become complicated by pneumonia, bronchopneumonia, or tuberculosis, the lesions produced by the spirochete opening up the way for the more lethal bacilli. The prognosis appears to be good, but the disease may last for a long time, even years, and Violle states that relapses frequently occurred in his cases. The disease is, he believes, very contagious. He assumes that it was imported into France by Chinese or Indo-Chinese labor companies, or by troops that had been for some time in the Levant. He considers it probable that the parasite may become acclimatized in France, at any rate in the south, and notes that a quarter of his patients

were French. The life cycle of the parasite is not known, but in one stage it appears to produce coccoid bodies, and Violle believes that it is by them that the contagion is disseminated.—(Brit. Med. Jour., June 29, 1918.)

One Form of Voluntary Selective Conscription of Physicians.

The problem of supplying the required number of officers for the Medical Reserve Corps, without working "serious hardships on any community, manufacturing concern, or any other civil activity," is being solved, not by any hard and fast or harsh plan, and in applying it all over the country, but by simply keeping the principle in mind and applying it where and in the manner best suited to the conditions that exist in the community. A plan workable in one state may be impracticable in another. What may be an ideal scheme in Kansas or Nebraska might be impossible in New York or New Jersey. Among those being put to a practical test is that proposed by Johnson County, Nebraska. The members of this society have agreed that those under fifty-five years of age will apply for commission in the army or navy and will agree to accept the commission if granted. The action of this individual society, however, was taken with the understanding that it should be obligatory only in the event of the remaining counties of the Councilor District adopting it. This, as we understand, has been done by all the counties in the district. The plan outlined calls for a committee composed of one representative from each of the county societies of the district, with the councilor of the district acting as chairman. This committee, therefore, represents not a small community, but a definite and sufficiently wide territory to eliminate personal prejudice or personal influence; at the same time it has a knowledge of the actual conditions existing in every part of its territory. The plan is really carrying out the principles underlying the selective service regulations. It is an ideal voluntary conscription of the medical profession by itself, one that recognizes the needs of the community and the social condition of the individual practitioner.—(J.A.M.A.)

X-ray treatment is the most effective method of treating tuberculous cervical adenitis in all its varieties.

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It is slightly antiseptic.

It is especially effective for cleansing the hands, face, and hair.

It is put up in collapsible tubes of pure tin so that it may be easily carried about in a physician's bag.

It is-in other words-



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Surgeon's Soap is a new product. If your dealer does not carry it, send us his name and address. We will mail you a sample tube free.

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LISTERINE forms a very acceptable vehicle for especially indicated alterative, resolvent or astringent medicaments applied by the spray apparatus or douche.

LISTERINE in addition to being in itself a dependable antiseptic solution for general employment, is especially adapted for use in the throat and nasal cavities, by reason of being unirritating and non-poisonous.

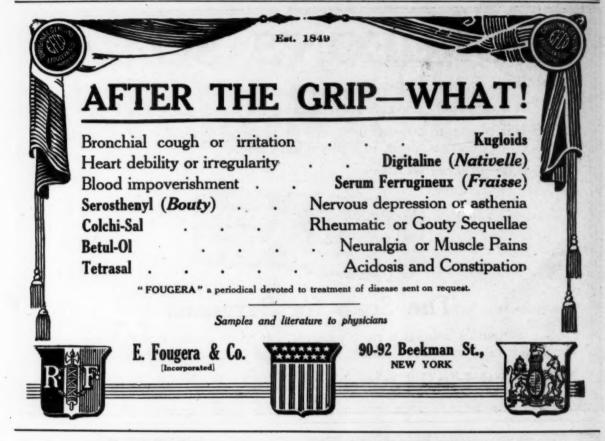
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Pluto Water, being a saline mineral water, rich in sulphates, acts in the intestines by its osmotic effects. The resulting action is a natural, easy, and painless elimination quite devoid of any deleterious after effect.

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Owing to this, there should be no hesitation in prescribing Pluto Water where a prompt, efficient and harmless hydragogue laxative or cathartic is indicated.

Bottled by the French Lick Springs Hotel Co., French Lick, Indiana.

"It Is Easier to Break Down Than to Build Up."

This applies with particular force at this time to the thou-

through the prevailing epidemic of influenza.

The death rate has been unusually high and it should be remembered the condition in which the body is left after the active, acute attack of grippe is excited, is such as to render

the system easily attacked by other forms of disease.

It is therefore, of great importance to a physician not only to realize this fact but to select on behalf of his patients those agents which can be best expected to repair the ravages of the disease, reactivate the tired and overworked cells, supply material for constructive metabolism and tone up the system generally.

Such therapy falls under the general subject of reconstruc-tive treatment, and for this purpose nothing else will be found equal to the best products of the French pharmaceutical labora-

Such products are available through the American agents, Messrs. E. Fougera & Co., Inc., and interesting literature regarding these together with samples will be promptly forwarded to any physician on request.

For the past year the firm of E. Fougera & Co., Inc., has

been sending out at more or less regular intervals, a periodical

under the title of Fougera, which is devoted practically to the treatment of disease. Revision of the list is now in order, in order to comply with the request on the part of the government for conservation in the use of paper, and physicians who desire to continue to receive Fougera, or any physicians who have not as yet placed their names upon the list should immediately send name and address to E. Fougera & Co., Inc., 90-92 Beekman Street, New York City.

Alkalol Feeds The Cells.

It is not surprising at all that so many physicians have learned to use Alkalol and to depend upon it. The surprising thing is, that every physician has not become acquainted with it, which would mean that every physician would find frequent occasion to use it, because Alkalol differs absolutely and entirely from any other product of its class that is offered for physician's use.

It is not in the ordinary sense a mouth wash or an anti-septic solution. It is, on the other hand, a combination of physiological elements that are needed by the mucous membrane cells. These elements are held in a solution which is hypotonic, which means that Alkalol when applied to a mucous membrane produces an osmotic flow toward the cell, which results in the passage of such physiological elements contained in Alkalol into the cells. In other words, Alkalol feeds the cells instead of depleting them.

Alkaline solutions that are hypertonic simply cleanse and in many instances overstimulate the cells and provoke hyperse-cretion. They deplete mucous membranes, but they do not help the cells to help themselves.

Any physician who will employ Alkalol in cystitis, or in inflammation of the urethra, of the vagina or even of the uterine

mucous membrane, in the throat or nose, in the eye or ear, and upon the skin in lesions, irritation or inflammation of that tissue, will speedily convince himself that in Alkalol he has an agent which is well worth bearing in mind for the many uses to which it can be most efficiently employed.

Tubercle bacilli even of the highest virulence are slow growers.



SHERMAN'S Influenza Vaccine No. 38

Will abort Colds, Grippe, Influenza and Pneumonia.

Each Mil. Contains

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Influenza B. strains from present epidemic and others	200,000,000
Streptococci, many haemolytic and other types	100,000,000
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Micrococcus Catarrhalis, leading members of the group	200,000,000
Staphylococcus Albus, many strains	200,000,000
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This Vaccine is also used with success in the prophylaxis of these diseases.

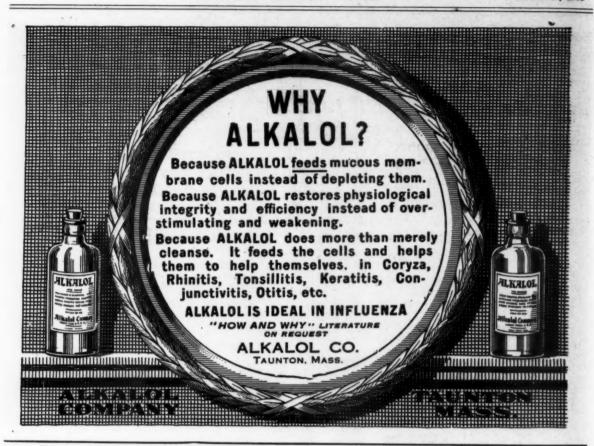
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Ten thousand bottles of PROCAINE went to the Navy, over ten thousand ounces to the Army, besides over a million tablets. We have also supplied the needs of the Red Cross, hospitals and the Medical and Dental professions.

All this was accomplished without German help by American-born and trained chemists.

Rector products are 100% American.

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Influenza, Bronchitis and Pneumonia

are sure to continue to be more or less prevalent during the coming months. Thus, for a long time, lapses in hygiene or personal prophylaxis will mean the possibility of these diseases developing in the susceptible. Influenza does not need to be raging as it has been, to be a constant source of danger to those predisposed by age or circumstance. In 1916, even when it was not epidemic, Influenza caused over 18,500 deaths!

The importance, therefore, of maintaining an effectual line of defense against bacterial infection cannot be exaggerated. With the chief salient in our hygienic "front" so evidently the nose, mouth and throat, it is clear that these parts must be effectively guarded.

Fortunately, this is not difficult, for in DIOXOGEN, medical men have a dependable means of defense that is especially qualified to keep the upper air passages free from infectious organisms.

Pure, non-irritating, non-toxic, tasteless, colorless, and yet more potent in germ-killing power than the usually employed carbolic or bichloride solutions, DIOXOGEN has proven itself the safest and most serviceable germicide for all hygienic purposes.

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Lieuid Peptonoids

has been demonstrated to be a thoroughly dependable product. It combines the active and known therapeutic qualities Creosote and Guaiacol, with the nutritive properties of Liquid Peptonoids.

It is extremely agreeable to the palate and acceptable to the stomach.

The peculiar ability of

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It acts as a bronchial sedative and expectorant. SAMPLES ON REQUEST

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Names of Nurses Desired.

To the Editor of THE MEDICAL TIMES:

At the request of the Surgeon-General of the Army, endorsed by the Secretary of War, a nation wide survey of the nursing resources of the country is being made by the Red

The Government wishes to list every person who has had any experience whatever in the nursing line:—graduate nurses, non-graduates, pupils, midwives, practical nurses whose experience has been solely in home nursing, etc.

This survey does not raise the question of War Service. No obligation is placed on anyone other than to supply certain information.

We earnestly appeal to you to help by filling out and posting the accompanying paper.

ISABEL LOUNT EVANS. Executive Secretary of the Nursing Survey. New York County Chapter, American Red Cross, 389 Fifth Avenue, New York.

Anasarcin.

The effusion of serous fluid into the tissues is always a sign of circulatory stasis, and an indication for the employment of therapeutic agents which accomplish two purposes, first, to increase and strengthen the heart action and thus overcome the

to cause reabsorption of effused fluid.

While digitalis has been used for this purpose there is much clinical evidence in favor of the use of two of the active principles of squill combined with sambucus and oxydendron, such combination under the name of Anasarcin Tablets, is employed by a great many physicians with success and the steadily increasing use of Anasarcin Tablets, is the best indication that it fulfils the claims made for it.

Physicians who have not become acquainted with Anasarcin Tablets, should certainly do so by sending to the Anasarcin Chemical Co., Winchester, Tenn., for interesting literature and samples for clinical test.

The power to originate stimuli to produce its own contraction seems to be an inherent property of heart muscle.

Alcresta Tablets of Ipecac.

Physicians generally, recognize the value of ipecac in many winter ailments. Ipecac is a drug that has long been favorably known and highly regarded, but due to its nauseating properties its field of usefulness has been restricted.

With the advent of Alcresta Tablets of Ipecac, made by Eli Lilly & Company of Indianapolis, what may be said to be a renaissance in ipecac therapy has taken place. By means of these uncoated, rapidly disintegrating tablets it is possible to administer, orally, large doses of ipecac without nausea. Each tablet represents the alkaloids from ten grains of the drug and the nature of the compound with hydrated aluminum silicate the nature of the compound with hydrated aluminum silicate is such that the alkaloids are not liberated in the acid secreis such that the alkaloids are not liberated in the acid secretions of the stomach, but are promptly released on coming in contact with the alkaline intestinal secretions. Those physicians who, on account of its nauseating properties, have not been prescribing liberal doses of ipecac in such ailments as acute tonsilitis, acute bronchitis, bronchial asthma, intestinal stasis and other intestinal infections now find the means at hand in Alcresta Tablets of Ipecac.

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By supplying to shed blood one of the necessary physiological constituents to the formation of a clot it is possible to hasten blood coagulation. Hemagulen, a product of the Lilly Laboratories, contains this necessary thrombo-plastic substance from fresh brain tissue. It is sterile and is suspended in a physioresh brain tissue. It is sterile and is suspended in a physiological saline solution and preserved with a 0.3 per cent. cresol; it is tested physiologically and standardized. Hemagulen is indicated in persistent hemorrhages from capillaries and small vessels where it can be applied to the bleeding surface. It is also given orally in doses of two to eight drams, diluted with water, in cases of hemorrhages from gastric and duodenal ulcers. The drug trade supplies Hemagulen in ounce bottles.

Every case of momentary transitory visual disturbances should be regarded with suspicion as being indicative of some kidney disturbance.

Albuminuric retinitis is rather a frequent complication of chronic nephritis and occurs in about 30 per cent of the chronic cases.

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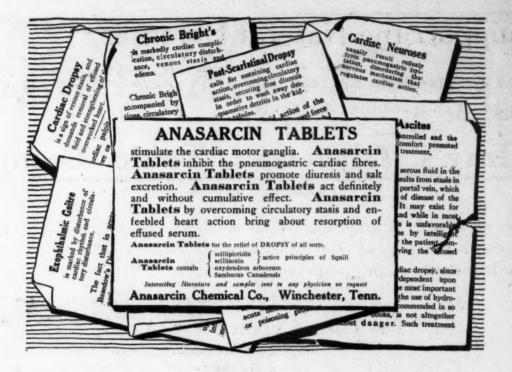
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